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ABSTRACT

The objective of this study was to reveal operational problems by objectively describing the service-delivery situation in the Children's Aid Society. A second goal was to add knowledge of social work practice. Major areas of concern were investigated: the undue length of time that some children tended to stay in the reception-assessment facility; the identification of changes in characteristics of the children over the past few years (for planning purposes); and the relationship between a child's characteristics and his disposition or kind of placement. Also explored were informational factors which were used by workers in placing a child. A fifth objective was to identify future research needs in family service and child care for Metropolitan Toronto. (CS)

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THE MOVEMENT OF CHILDREN IN A CHILD WELFARE AGENCY ---- A STUDY OF THE RECEPTION-ASSESSMENT FACILITY OF THE CHILDREN'S AID SOCIETY OF METROPOLITAN TORONTO

By

Stanley K. Loo

PS 006793

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Children's Aid Society of Metropolitan Toronto,
Toronto, Ontario, December 1972.

" Process and flow are the life of an organization and they fill it entirely. Process and flow are the agency at work and this is what makes its existence meaningful. To see this whole is to see an organization functioning. "

---- Earl Latham

(Source: Mark, M.L., Statistics in the Making. Ohio: The Ohio State University Bureau of Business Research Publication #92, 1958. p.375.)

To:

Those children I worked with in Ottawa and the District of Kenora; and

Marina, my beloved wife, who had to suffer from many a lonely evening and weekend when I worked at this project.

S.K.L.

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S.K.L.

TABLE OF CONTENTS

		Page
Acknowledgements		iv
Chapter I.	BACKGROUND OF THE STUDY	1
	Operational Problems and Research Objectives	2
	Review of the Literature	5
Chapter II.	METHODOLOGY	24
	General Procedure and Overall Conceptualization	24
	Population and Sample	29
	Data and Instrument	32
	Data Analysis	38
Chapter III.	CHARACTERISTICS OF THE TOTAL SAMPLE	45
	Admission Information	45
	Child's Biological Characteristics and Group Membership	46
	Child's Psychosocial Characteristics	49
	Child's Placement History	53
	Child's Family Background	54
	Reception-assessment Resource	55
	Disposition of Child from Reception-assessment Resource	59
	Summary	64
Chapter IV.	ADMISSION	68
	Differences in the Characteristics of Children in R.C. and A.G.H.	68
	The Problem of Availability of Space in the R.C.	98
	Summary	108
Chapter V.	STAY IN THE RECEPTION-ASSESSMENT RESOURCE	111
	The Movement Rate and Turn-over Rate	111
	Duration of Care (Cross-tabulation)	123
	Duration of Care (A.I.D. Analysis)	131
	Summary	149
Chapter VI.	DISPOSITION	152
	Disposition Pattern of R.C. and A.G.H. Children	153
	Specific Resources Used	167
	Summary	174

Chapter VII. VALIDATION OF HUNCHES 176
Changes Over Time 176
Children from Financially Better-off Families 193
Summary 199

Chapter VIII. PLACEMENT FRAMEWORK 202
The Study Method and Data 202
Results (Orthogonal Rotation) 208
Results (Oblique Rotation) 215
Summary 220

Chapter IX. CONCLUSIONS AND IMPLICATIONS 222
The Study 222
Practice Implications 228
Final Note 236

Appendices: A. Method of Data Extraction 238
B. Rating Scale for Physical/health Problem 244
C. Physical/health Problem Classification 245
D. Rating Scale for Behavioural Problem 246
E. Behavioural Problem Classification 247
F. Rating Scale for Emotional Problem 248
G. Emotional Problem Classification 249
H. Code Book 250
I. Classification of Frequently Used Outside Institutions by C.A.S.M.T. Children 266
J. Reliability of Raw Data 268
K. Variables Used in the Calculation of Tetrachoric Correlation Matrix 275
L. Tetrachoric Correlation Matrix Used in Factor Analysis 277
M. Orthogonally Rotated Factor Matrix (Varimax Technique) 278
N. Oblique Factor Matrix (Promax Technique) and Correlation Matrix of Rotated Factors 279
O. A.I.D. Analysis of Duration of Care in Reception-assessment Resource 280
P. References 282

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CHAPTER I

BACKGROUND OF THE STUDY

The Children's Aid Society of Metropolitan Toronto has been undergoing a series of structural and functional changes in recent years, owing to forces generated exogenously and endogenously*. Necessarily then, research in planning has become an integral part in the Agency's operation. Although research alone cannot "solve" every problem — indeed, some operational problems are not researchable — on-going systematic research can help reveal problem areas, identity priorities, define objectives and modify programmes. It serves as a feedback device, an element so important in electrical engineering. There is little wonder why research plays a clearly important role in the Planned Programme Budgetting System (2), an operational scheme which this Agency wishes to adopt. It is particularly clear that in the process of planned change, research can best help us realize needs and direction, not to mention its ability to repudiate or confirm hunches. It was based on the belief that research can help give a more accurate description of the operational situation that this project was conceived and undertaken.

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* The Executive Director has detailed in one of his reports (1) the kinds of changes inside the Agency and the objectives to be fulfilled in 1972.

Operational Problems and Research Objectives:

One of the main concerns of the Home Finding and Placement Department was the feeling that one aspect of the Agency's reception-assessment facility* was not functioning in a desirable manner. (For a vivid description of this problem and its related matter, see the paper by Jean Ruse (3). Although this paper was written a little more than one-and-a-half years ago, most of the problems mentioned still exist.) It was recognized that some children** tended to stay in the reception-assessment facility for an undue length of time, though this kind of facility is intended for use on a short-term basis, as the name of the facility implies. As a result of this practice, other children who needed assessment were denied the many benefits of this facility, and they were either forced to remain in the community or placed without assessment. Thus, the damage done to both the child and the placement resource was understandable yet immeasurable. It appeared that if this practice continued in the future while protection admission increased

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* This research will concern itself with the study of the R.C. (Receiving Centre) which admits children between 5 and 15 years old, and the four A.G.H.'s (Admission Group Homes) —— each of the Agency's four Branches has one —— referred to as the Central Branch A.G.H., the East Branch A.G.H., the North Branch A.G.H., and the West Branch A.G.H., and which theoretically admit children between 5 and 12 years old. (Since the North Branch has had two A.G.H.'s in successive operation over the years studies, the populations in both homes were included in this study, and the two homes are to be collectively called North Branch A.G.H.)

** Throughout this report, children are referred to those between five the fifteen years old, unless otherwise stated.

(according to the forecast for 1972 of the Family Services Department), it would create confusion and become a serious problem. Therefore, it was imperative that the reception-assessment facility be evaluated through research to identify the crux of the problem.

A second concern centered around the hunch that we had been having more and more teenagers in care over the last few years, and that although the total number of admissions was dropping, we were having more and more "problem" children who were older. It was further suggested that because of the changing characteristics of the Agency's children, our mode of operation had to be modified accordingly, and a different type of service was needed. Therefore, research was required to identify the changes in characteristics of the children over the last few years, and to give a more accurate description of these children, with a view to planning future services.

Related to the second concern was the disposition pattern of children from the two types of reception-assessment facilities. It was recognized that children with less serious problems upon admission were sent to the A.G.H., whereas those with more serious problems which were known, went to the R.C. Presumably, disposition of children from these two types of reception-assessment facilities would be different: R.C. children were presumed to go more than A.G.H. children to institutions, subsidized fosterhhomes or similar types of placement resources. We were therefore interested in knowing the relationship between a child's characteristics and his disposition, i.e., the kind of placement resource he got. When we knew the pattern of disposition of children from the reception-assessment facility, we could gain at least some ideas as to what kinds of placement resources were needed more than others to cope or meet with the changing needs of our children.

A fourth concern was related to the lack of knowledge as to what informational factors were utilized by our workers in placing a child. It was felt that wisdom built up through practice experience undoubtedly leads to accurate judgments in planning for our children in many instances, however, because of a clear lack of good practice principles in child welfare, it seemed desirable to structure up the placement phenomenon, quantify the seemingly fluid situation, and suggest a placement framework through research. On one hand, this would help the practitioner to better realize his cognitive process in placing children, and would serve as a base on which the worker could review his practice from time to time; on the other hand, this would enable the non-practitioner and the administrator to gain a firmer grasp of the placement process, and to make better plans to achieve sound and efficient placement. The observation that our workers simply could not describe what their placement framework was although they very often made good decisions intuitively therefore prompted us to look into their cognitive aspect of the placement operation.

A fifth and the last objective of this study would be to identify future research needs. It appeared that research could later be directed to a number of areas in both Family Service and Child Care, but we were not sure which focus would yield rewarding and optimum results in the sense that findings from the present study could best tie in with those from whatever study which was to be undertaken. Since research should be looked at as a knowledge-building tool, research studies have necessarily to be inter-related, and at the same time operationally oriented, depending on Agency's priorities, Bocause this research looked at the children admitted into the reception-assessment facility directly from the community, and because the reception-assessment facility actually serves as a funnel through which a selected group of our children pass and are placed ultimately, the findings from this study would likely reveal the strengths and weaknesses in some aspects of the service-delivery system. This in turn would point to researchable areas. Also, ideas with regard to research design, feasibility in employing in future research, the instruments developed for use in this project would also likely emerge when this study is completed.

The above problems therefore formed the focus for this study. Our main concerns were two: first, to reveal operational problems by objectively describing the service-delivery situation, and second, to add knowledge to social work practice. To reach these goals, the situation would have to be studied in depth, and an appropriate design to be developed. A review of the literature therefore was undertaken to gain insights as to how these research problems would best be tackled.

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Review of the Literature:

Three major types of research literature were reviewed: those which tried to explain differential durations of care, those which tried to reveal factors related to decision-making in social work, and those which described the characteristics of children in different types of placement resources. In all these cases, only research studies of obvious impact were reviewed and the results were as follows:

A. Research related to duration of care —

Since the well-known Maas and Engler study of children in care in nine U.S. communities was published about thirteen years ago (4), there has been a wave of research done to examine factors related to duration of care of children in child welfare agencies, i.e., to examine the deterrents to movement of children in care. One of the principal findings of this study, a disturbing one indeed, revealed that "time was a most important factor in the movement of children out of care in every setting, for staying in care beyond a year and a half greatly increased a child's changes of not being adopted or returned home" (4, 351). The authors further proposed that the variables "Parents' visits" and "Parent's plans for the child" might serve as indicators of long-term care (4, 356-362). However, Maas's recent follow-up study of a selected group of his original sample studied in 1957 cast doubts on the predictive power of these two proposed indicators of long-term care; moreover, he found that "combining visits with plans weakens the association with long-term care" (5, 324).

Generally speaking, the variable "Length of time in care" (whether dichotomized, trichotomized or continuous in nature) is usually treated as the dependent variable, and background or demographic characteristics of the child are cross-tabulated against it with a view to identifying the variables which tend to account for the phenomenon called "differential lengths of time in care". Occasionally, a test variable is introduced and the researcher then examines the controlled relationship between the independent and dependent variables. In some instances, instead of treating "length of" time in care as the dependent variable, the researcher likes to look at the background or demographic characteristics of children who have been in care for a long time versus those of children who have stayed for a short time, ie i.e., the researcher is concerned about the comparative composition of different length-of-time-in-care groups. Still occasionally, the more sophisticated researcher uses a multivariate statistical technique, like multiple or step-wise regression analysis, to identify the amount of variance in the dependent variable (i.e.,"length of time in care") accounted for by each of the independent or predictor variables introduced into the equation. However, for reasons unknown, most researchers seem to concern themselves with the second approach, i.e., comparative approach, rather than with the first or third-approach, i.e., predictive or "causal" approach*. Of course, the kind of analysis adopted depends on, among many other things, the researcher's personal and methodological orientation; there simply does not exist a "best" method in data-handling, with such a serious lack of theories in child welfare.

In her study of factors related to differential lengths of time in foster care (6), Shirley Jenkins classified her 891 children (from 425 families) into three mutually exclusive time-groups: In care less than three months, three months but less than two years, two years and over. She then examined the child's backgroundoor demographic variables which could be determined by agencies at the time of admission in each of these groups. Specifically, four child variables —— jurisdiction of case, ethnic group, religion and age —— and six family variables —— household composition, number of children placed per family, parental participation in the decision, main source of income, type of housing, and main reason for placement —— were analyzed. Some of the results were difficult to be summarized, but, in her own words, "factor associated with circumstances of living, such as being housed in rooms and being supported by public assistance, tend to be related to a shorter time in care. Demographic variables, age at placement, religion, and ethnic group appear to be interrelated and together can serve as indicators of duration of care" (6, 455). However, the most powerful predictor of length of time in care was the reason for placement. Among the five groups of admission reasons identified, "physical illness of guardian" tended to associate more with short duration of care, i.e., in the under-three-month group, 46% of the cases had this as the reason for placement. Both "child's problems" and "family problems" seemed to be related more to long duration of care. However, both "mental illness of mother" and "neglect, abuse" appeared to be unrelated to the time spent in care. Finally, as what Maas and Engler found in their nation-wide study cited earlier, Jenkins observed that "once children have been in care over three months, chances for early return are substantially lessened" (6, 452).

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* A recent study by David Fanshel employed the predictive model. It is the only study of this kind which had achieved a certain level of methodological sophistication known to the author.

In his follow-up study of 422 children, Maas adopted the same approach as Jenkins, and contrasted children in short-term care (less than three years) with those in long-term care (ten years or more), (5). Maas confirmed once again the observation that the longer a child was in care, the less likely he was to be adopted or, "after the first 5 years, to return home —— and the more likely he (was) to be transferred to another health or welfare agency or to be allowed to live independently" (5, 324). The factors associated with long-term cases all pointed to multiple disadvantages. While the variable "sex" and "age" could not be used to predict duration of care, the long-term-care child tended to have below-average intelligence and correctable or irremediable physical disability, to be non-white and Catholic. Besides, his social relationship pattern tended to be negative. With regard to long-term-care children's family characteristics, there was a higher rate of family breakdown (92% were single-parent families), and of very poor families (below subsistence standard); however, parents' marital status of child's birth, and at child's admission into care, parents' psycho-social problems, number of siblings, and living arrangements of siblings failed to differentiate between children in long-term care and those in short-term care. Contradictory to the Jenkins study cited above, Maas found that the reason for admission was not a useful variable to distinguish long-term from short-term placement; nor was the nature of separation.

As a part of the on-going major child welfare research programme at Columbia University, David Fanshel studied 624 children who entered foster care for the first time in 1966 (7). The purpose of this particular study was to identify variables which could be used to predict length of time in foster care. Specifically, the subjects were classified into two groups —— the discharged (46%) and the in care (54%) —— and independent variables deemed significant in influencing the outcome over the $3\frac{1}{2}$ years period studied were examined. As what Maas found in his longitudinal study reviewed above, Fanshel reported the variables "sex" and "age" had no particular cogency for prediction. However, contradictory to the Maas analysis, Fanshel found that more children born in wedlock tended to have been discharged. The variables "ethnicity" and "religion", again in contradiction with the Maas results, were not associated significantly with the discharge phenomenon. When the reason for placement was examined, it was revealed that during the first year after entry, 55.1% of children whose reason for admission being "physical illness of child caring person" were discharged; in the opposite end, only 12.6% of children whose reason for admission being "behaviour of the child" were discharged. This finding in part supported the observation by Jenkins, although it contradicted Maas's analysis that reason for placement was not a telling variable of length of stay.*

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* Of course, one of the explanations for this variance in findings may well be due to the different ways admission reasons were grouped in these three studies.

In order to assess the relative contributions of the independent variables to the explanation of length of time in care, Fanshel subjected fifteen selected predictors to a multiple regression analysis. Four separate analyses were carriedoout, each time changing the treatment of the dependent variable, "length of time in care". The order of the predictors introduced into the regression equation was fixed. The results were not encouraging, for the greatest variance in the dependent variable accounted for by the 15 predictors was only 7.7%, and this value was obtained when length of time in care was treated as a dichotomy contrasting those children who left care during the first year versus all other children. Fanshel admitted that the results were not impressive and said "that the variables used in the analysis (provided) only suggestive leads, and that there (was) much that (was) unaccounted for in the discharge phenomenon" (7, 78). He anticipated that had additional variables, like I.Q. scores, behavioural characteristics of the children, the social and child-rearing attitudes of their parents, and the nature and quality of agency service been employed, more encouraging results would have been achieved. However, in this series of multiple regression analyses, the variable "child's birth status", and three of the eight placement reasons —— behaviour of the child, physical illness of the child's caring person, and unwillingness of the parent to continue care —— added statistically significant amounts of explained variance in the dependent variable. Although the findings were not too impressive, this Fanshel study marked a significant departure from the "conventional" method in data analysis.

B. Research related to framework for decision-making ——

In his appraisal of research on decision-making Edmund Mech noted that "there is the paucity of information regarding decision processes in child placement. Studies are needed in the fundamentals of how decisions are made in the crucible of child-placing practice" (8, 6[illegible]). Later on, Mech reiterated the importance of decision analysis in child welfare. He said: "If one is clear as to why a placement is made and how it is working out, such information will help in making the next decision. Closer analysis of our decisions will lead to better practice and more useful theory. Decision analysis is a way of checking on judgment. —— 'Negative feedback' provides an indication of what might be done to correct the discrepancies" (9, 28). It therefore appears that more research efforts should be devoted to decision analysis, since knowledge of decision-making is crucial to the understanding of the child welfare process, which, at large, is a decision-making process.

Thus, far, there are two identifiable approaches to the study of decision-making in social work. One approach employs simulated case-materials and worker-judges are asked to make their decisions as to what they would do for the clients described in the cases. The other approach, opposite to the one just mentioned, involves analysis of the judgments of workers in their daily crucible of practice.* In the latter approach, in addition to the outcome-group-comparison method in data analysis (e.g., successful placement group versus unsuccessful placement group, placement group versus non-placement group, etc.), use of a factor analytic method and multivariate statistical method is evidenced. Although quite a few studies in the adoption and foster parenting areas have been done, the focus in this part of the review of literature will limit itself to those related to placement decision.

One of the pioneering efforts in the study of decision-making in separating children from their families was made by Bernice Boehm in 1961 (10). This researcher believed that "despite the lack of explicit and clearly formulated criteria for determining need for separating a child and family, some criteria are implicit in the actual placement decisions made by social workers, and these criteria can be made more explicit through a study of practice" (10, 12). Upon analyzing the Q-sort ratings by social workers on two hundred protective cases —— half of these were placement cases, and the other half non-placement cases —— she was able to identify seven clusters of information which the worker relied on in perceiving his clients' family functioning. These seven clusters of information were: the organization of family living (i.e., from a home management standpoint of cleanliness of home, physical care of children, regularity of mealtime and bedtime, stable use of income, and encouragement of school attendance), the child's behaviour (i.e., his self-confidence, relationships with other children, nervousness and irritability, mood, etc.), the father's role in the stability of family life, the parents' recognition of their own problems and their ability to use outside help, volatility (i.e., degree of violence and quarrelsomeness in family life), strength of mother in maternal role, and child's tendency for deviant behaviour. Six of these seven clusters of information were found to discriminate between situations in which children were placed away from their families and those where this action was not considered necessary. (These findings were reported by David Fanshel in his review of the child welfare research literature (11, 137).)

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* The computer simulation approach has not been employed yet by social work researchers, to the author's knowledge.

In 1963, Scott Briar reported a study where simulated case-materials were used, and whose objective was to identify factors affecting clinical judgments of social workers with respect to choice of institutional or foster family care in the placement of children (12). Three case histories were presented to 43 workers with varying training and experience, who were from five different agencies, and who had been divided into two comparable groups for this experiment. Case A had two versions: to one group, the child was described as seriously disturbed; and to the other group, as mildly disturbed. Case B had two versions: to one group, the child's mother was said to be strongly opposed to foster placement; to the other group, opposed to institutional placement. Case C served as a control and the same version of the case was given to both groups. The 43 workers were then asked to make a rating about the prognosis for foster home placement and institutional placement for the child in question. Briar found that there did appear a relationship between the degree of emotional disturbance in the child and the social worker's placement recommendations, but the direction of this relationship was varied and unpredictable. Also, the workers' recommendations were found to be influenced by the natual parents' expressed preferences, with the greatest influence in relation to the expressed negative attitudes towards foster family care. He found no relationship between clinical judgments or recommendations and the workers' age, sex, marital status, experience and training. Finally, it was found that the social workers' placement recommendations were directly related to the placement patterns in their own employing agencies. The conclusion drawn from this study was that placement practices were often influenced by hunches and agency policy. Although this study was criticized by Fanshel as "irresponsible" because, according to Fanshel, decision-making studies should confine themselves to "real-life" situations (13), this Briar study did tend to have an important impact on child welfare because it at least gave us suggestive leads to the recognition of one aspect of the child-placement operation. Of course, much remains to be done if we want to know more about this complicated operation in real life.

One of the first studies, if not the only study available thus far, which tried to predict foster home placement outcome with a prediction table was carried out by R.A. Parker (14). He hoped to help placement workers arrive at a better decision through knowing what kinds of children were more likely than others to have a successful placement. ("Success" was defined as uninterrupted maintenance of the child in the same foster home over a period of five years; if the child was removed at any time before five years had elapsed the case was classified as a "Failure".) 209 children thirteen years or under were studied. The ultimate rate of successful placement was 52%, and that of unsuccessful placement was 48%. It was found that among other things, the presence in the foster home of a younger natural child of the foster parents was the factor most significantly related to unsuccessful placement. Older foster children and those with behavioural problems tended to fail more. Children who had previous experiences as foster children and children who had been removed from their own homes at earlier ages were more likely to be successful. Institutionalization during infancy was not related to failure unless the institutional experience had been prolonged beyond two years. The number of previous moves was not related to failure. The results were statistically tested, and those fourteen variables which reached the 5% level of significance were used to construct a prediction table —— all these fourteen variables or predictors were dichotomized first before they were used in solving a series of multiple regression equations. This prediction table was then applied to another series of 108 cases for validation purposes. It was found that the correlation coefficient dropped from the original 0.52 to 0.44, i.e., there was a loss in discriminative power of the table. Despite this drop of "reliability" of the prediction table, this Parker study did point out that certain variables were more important than others in influencing placement outcome, and that placement outcome could be brought under predictive control.

The use of factor analysis to identify informational factors which influence diagnosticians' judgments when making recommendations was reported in a study by Kurtz and his associates (15). Although this study was on decision-making in a child psychiatric clinic, the methodology employed could serve as a reference to researchers in any field and who are engaged in a similar kind of research. Primarily, variables which were thought to be important in influencing diagnosticians' decisions about length and type of treatment recommended for families evaluated for outpatient service were first identified by a group of child psychiatrists. These variables were then scaled, and ratings were obtained for these variables on 28 families or 84 individual family members over a period of time. Principal components factor analysis of the nine-variable correlation matrix was carried out, and two factors were extracted. The factors were then rotated to a simple structure solution employing the varimax technique. The two rotated factors were labelled "Social and self-confidence factor" and "Ego factor". Together, these two factors accounted for 58% of the total variance, (the social factor accounted for 40%, and the other factor for 18%), and they met the simple structure criterion well. These two clusters of variables therefore tended to influence differentially the diagnostician's decision, and formed a framework for decision-making.

These variables were then used as predictors of decisions concerning length of treatment and type of treatment. Two separate step-wise regression analyses were carried out. It was found that some of the variables which constituted the "Social and self-confidence factor" were the most powerful predictors of both phenomena. The conclusion was that a patient who got assigned to long-term treatment was likely to have motivation that came mainly from within himself, was likely to be middle or upper class, and was highly motivated; those who received the recommendation for insight-oriented psychotherapy were motivated from within, were rated high in capacity for therapeutic alliance, and were considered as having flexible impulse control.

A recent study by the Child Welfare League of America aimed at identifying "conditions under which the needs of children can be appropriately met through service in their own homes. Pursuit of this objective has entailed examination of the factors that influence decisions to provide service in own home or placement in another setting, with a view to developing guidelines for the practitioner in decision making" (16, 1). The findings reported in this publication represented the results obtained from the first phase of a major study, and therefore should be taken as beginning clues to practice guidelines. To pursue the main objective of this research, 309 children from 140 families were isolated for study — 238 of these children were thought could be served in their own homes, and the remaining 71 children were thought the best plan for whom would be placement. Ratings and information on these children supplied by the social workers from the different agencies selected for this study were analyzed.

It was found that the children for whom placement was deemed appropriate came from smaller but economically disadvantaged families which had been known to the agencies for many years, and where the parents had exhausted their resources for help with their problems. The placement children had mothers who were more likely to have a history of mental illness, to appear emotionally disturbed, to have a history of sporadic employment, to have difficulty in budgetting and to show a lack of concern for their children. If the father was present in the home, he was more likely to exhibit deviant behaviour than the father in a care-in-home case. Also, the majority of the placement parents tended to openly request placement of their children (62% of all the services wanted), while only 18% of the care-in-home parents requested the same and 36% requested no service at all. The child himself who received a placement decision was more likely to be emotionally disturbed and behaviourally unmanageable. The general picture emerged was not very clear and no single variable was strongly predictive of the decision, although the findings tended to support the commonsense assumption that separation of the child from his natural family was associated with evidence of considerable deviance or pathology in the child, in his parents and in his living conditions. This therefore prompted the researchers to examine the predictive power of the variables in clusters.

Seven clusters were identified from the correlation matrix calculated for the dichotomized variables. Two separate multiple regression analyses were carried out for the mother-only sample and the intact-family sample respectively. It was found that three clusters — background factors, child traits, and general mother traits — stood out distinctly in their power to predict the placement decision (34% of the variance) in the mother-only sample. In the intact-family sample, 53% of the variance in the dependent variable (placement decision) was accounted for by three of the seven clusters — general father traits, child traits, and background factors. Surprisingly, in both samples, the cluster "parental care" showed little predictive power — only 1% of the total variance in both samples was accounted for by this cluster.

C. Research related to characteristics of children in different placement resources —

Children separated from their natural families are usually viewed as a special population, since the characteristics of these children differ from those served in the community. (A good example of this difference in characteristics can be found in the study by the Child Welfare League of America just reviewed). However, children in care cannot be viewed as a homogeneous population in terms of the problems associated with the subjects; the problems exhibited by children in care may be viewed as "normally distributed", in a loose meaning of this statistical term. Consequently, it may be said that children placed in a certain type of resource, say, foster family fome, are different in characteristics from those placed in another type of resource, say, group home or training school, since every type of placement resource is presumed to handle a specific kind of child. In the following review, adoptive children are to be excluded because of the specific focus of this study, and although there are available a few good research studies done in this area, the findings of the Fanshel-Maas study are to be reported (17). The rationale for selecting this study alone for review is the recognition that, firstly, this is the only study known to the author which simultaneously examined the characteristics of children placed in a spectrum of resources, and secondly, the methodology employed was sophisticated. In other words, this study, in any respect, may be looked upon as representative of efforts devoted to a similar end.

Basically, Fanshel and Maas reanalyzed the data collected for the Maas-Engler study in 1957 (i.e., Children in Need of Parents, a study well known for its sophisticated methodology and insightful analysis). 856 children were selected from a total of 882 for this present analysis. Of these, 334 were living in foster family homes, 217 in congregate institutions, 187 in adoptive homes, and 118 were discharged back home. Four separate seventy-variable correlation matrices were computed and, due to limitation of the computer programme used, forty variables deemed statistically and logically significant were selected for inclusion in the four parallel factor analyses. Thurstone's centroid method was used to factor analyze the matrices. Nine rotated factors were obtained for the children in foster family care, seven factors for the children in institutional care, one factor for the children in adoptive homes —— this group of children is not to be reviewed in the following —— and five factors for the children discharged back home. Comparison of the results revealed that long-time care was associated with children in institutions, in foster family homes, and discharged back home. This time-variable was also positively associated with replacement and negatively associated with the child's sense of identity. The children remaining in foster or institutional care were those whose reason for placement being marital conflicts between the parents, or those who came from broken homes where the mother either manifested serious psychosocial problems or was living with a mate other than the child's natural father. Poor economic status of the family also characterized children in both foster and institutional care. On the other hand, those children who returned home tended to be the ones whose reason for placement being parental illness or a parent's death, or those who came from large families where there were affectionate relationships with siblings and where parent-child relationships were maintained. Voluntary placement was another prerequisite. It should be noted that the child's behavioural and emotional problems were not in most settings described as serious, and that serious emotional or behavioural problems did not characterize children placed in institutions. However, a study by Fanshel, Hylton and Borgatta in 1963, as reported by Edmund Mech, suggested that "the presence of physical aggression, sexual activity, and self-destructive behaviour as possible clusters characteristic of institutional children" (8, 55). This difference in findings suggested two things: first, there were more and more children with serious behavioural and emotional problems, and second, more and more institutions were being used by children with behavioural and emotional disorders. It would be interesting to see what the profile of children placed in the different resources is now.

From the above review of research literature, it is evident that some of the findings were ambiguous and tended to vary from study to study. Two factors tend to account for this inconclusiveness in research findings: one is related to theory in child welfare, and the other to research methodology, with the first factor bearing on important impact on the second one.

It is well recognized that social work is regarded more as an art than an enterprise operating on a theoretically based knowledge. Social work has given more attention to the development and transmission of values and methods than to the identification and development of its own theories (9, 6-7). (In fact, this lack of a valid, systematic and theoretical knowledge-base in social work practice has weakened the claim of social work as a full profession — see Etzioni (18).) The same applies to child welfare work since the assumptions and values of child welfare are those that underlie social work practice. Because of this lack of theories, especially high-order ones, child welfare researchers find themselves operating on different grounds although not necessarily different research objectives are being pursued. Kadushin made the observation that "there is apparently no general theoretical system applicable to child welfare problems that holds the allegiance of any sizable group of researchers. Having lost our innocence about psychoanalytic theory, we have found nothing as systematic and comprehensive to take its place as a guide to research" (19, 62-63). As a result of this pancity of theoretical knowledge, much of the child welfare research is an ad hoc undertaking and has a piecemeal approach.*

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* Another reason for this drawback has something to do with the objective and nature of child welfare research. Much of the research activity is operationally oriented and agency-sponsored. Hence, most researchers in child welfare have a somewhat unique personal and methodological orientation, and are more interested in making their findings applicable to the agency's operation than in furthering theoretical knowledge in child welfare. But, of course, these two objectives can be combined.

Closely related to the problem of lack of theories is the problem of methodological potpourri. Often enough, although the same phenomenon is investigated, researchers employ different conceptual frameworks, study differently defined populations, use differently defined criteria and variables, construct different instruments, and analyze the data differently. This, of course, has a lot to do with the situation under which the research is carried out, the resources available, the objective and focus of the study, and the competence of the researcher; but one of the most important factors is the lack of a sense of theoretical direction among the researchers. While some methods-conscious researchers see this methodological potpourri as a major hindrance to the advancement of practice knowledge, others tend to be less bothered by this and continue to do research for the sake of doing research, report findings regardless of how their results were obtained, and do not pay much attention to research methods employed and findings obtained elsewhere. This methodological incoherency in part accounts for inconclusiveness in research findings, even when the very basic variables are involved — e.g., the use of admission reason as predictor of duration of care, mentioned earlier in the review. This state of methodoligical confusion is perhaps similar to that in the early sociological study of membership in voluntary associations. Thus, most practice research may be referred to as "I-wonder-what-would-happen" research, without knowing in advance what the results would likely be and the value of such results to practice. Since valid knowledge can only be obtained through the principle of cumulation, child welfare research, as it now stands, seems to be a bit slow in contributing significantly to practice knowledge though, from time to time, researchers question the validity of certain commonly held assumptions in the field and urge practitioners to re-examine their mode of service-delivery.

Child welfare research presently has two strikes against her —— being young and lacking theoretical direction. Every field of knowledge has to go through this brash, struggling, uncertain stage before it can attain maturity*; so we may say this too is an inevitable and natural course for child welfare research to follow. Only through evolution can a field of knowledge become a mature, secure member of the establishment; this process, of course, takes time. With regard to a theoretical knowledge-base in child welfare, one really feels disheartened about its development. Although child welfare is not an academic discipline, it does not mean that we should not devote our attention and energy to theory-building —— and this applies to the field of social work in general. If social work is to become a full profession, a valid, systematic knowledge-base is a prerequisite, and social welfare educators should shift their emphasis from the teaching of values and methods to the development of theories —— middle-range, may be —— and use research as a tool to evaluate the product with a view to enlarging its explanatory power and refining it. This is not an easy job but it has to be done if we want to have good results in practice and to enhance the status of social work among other professions.

Despite these deficiencies in child welfare research, a certain degree of vigorousness can be detected in a number of studies —— some of these have been reviewed above. Child welfare research, cripplied somewhat, may never be able to give us as much as we want, but systematically conducted research may be able to give us some modest increment of what we need. Until theories in child welfare emerge, research will remain the major or only tool to reveal the mode of operation in the field and to provide the practicitioner with a sense of direction. As such, vigorously conducted child welfare research will continue to play an important role in planning.

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* A good example is the evolution of survey research as an instrument of social research.

CHAPTER II

METHODOLOGY

The basic objectives of this exploratory-descriptive study, were to reveal the crux of operational problems with a view to identifying needs in service-delivery, and to add knowledge to child welfare practice. The rationale for the implementation of this project was the belief that no efficient planning is possible without a solid knowledge of the characteristics of the clientele we serve and of the mode of operation of our service-delivery system. Such a body of knowledge is deemed to be particularly important when planning for an agency whose structure and functions are evolving rapidly and incessantly. In this kind of situation, ideas and suggestions about methods of planned change abound, hunches and experiences mix, yet nobody can be certain as to which ideas deserve immediate attention and what suggestions are more practical than others. Research, therefore, serves as a means to help make more rational decisions and plans because it describes the actual situation Bearing these objectives and expectations in mind, the following methodology was employed in this research.

A. General Procedure and Overall Conceptualization —

An assignment given prior to the conception of this project brought the author into contact with the Homefinding and Placement staff of this Agency, and during the problem-formulation stage, such contact with the field-staff continued. Workers from other departments were involved as well, child care and family files and records read, meetings attended, and a review of the literature was carried out. The whole purpose of these activities was to refine the focus of the project and decide on a method to reveal the operational problems. Through discussion and exploration, those five objectives identified in Chapter I were singled out for study.

It was revealed that in placing and planning for a child, the "problems" associated with the child were considered first and these, to some extent, affected, firstly, the type of reception-assessment resource chosen —— for the purpose of this study, the A.G.H. or R.C.* —— and secondly, the assessment process. Presumably, the disposition pattern of children from these two types of reception-assessment resources would be different too: R.C. children were presumed to go more often than A.G.H. children to treatment institutions/training schools, subsidized foster homes or similar types of placement resources. Recognizing that the child's problems, although important in affecting the movement of a child in care, could not be the sole factors, further exploration was thus launched to identify other influential forces which eventually formed the test factors in data analysis.** To facilitate understanding of the placement process in operation, the following conceptual framework was formed (Figure 2.1). And to facilitate interpretation and data-handling, two hypotheses and their related assumptions regarding placement of children were advanced***:

Hypothesis 1: Children in the R.C. have more serious problems**** which are known on admission than children in the A.G.H.

Assumption:

1. If the problems presented have no difference in degree, we may attribute this to the random assignment of children to the reception-assessment resources, holding constant the availability of such resources.

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* It was recognized that children with less serious problems upon admission were sent to the A.G.H., whereas those with more serious problems which were known, went to the R.C.

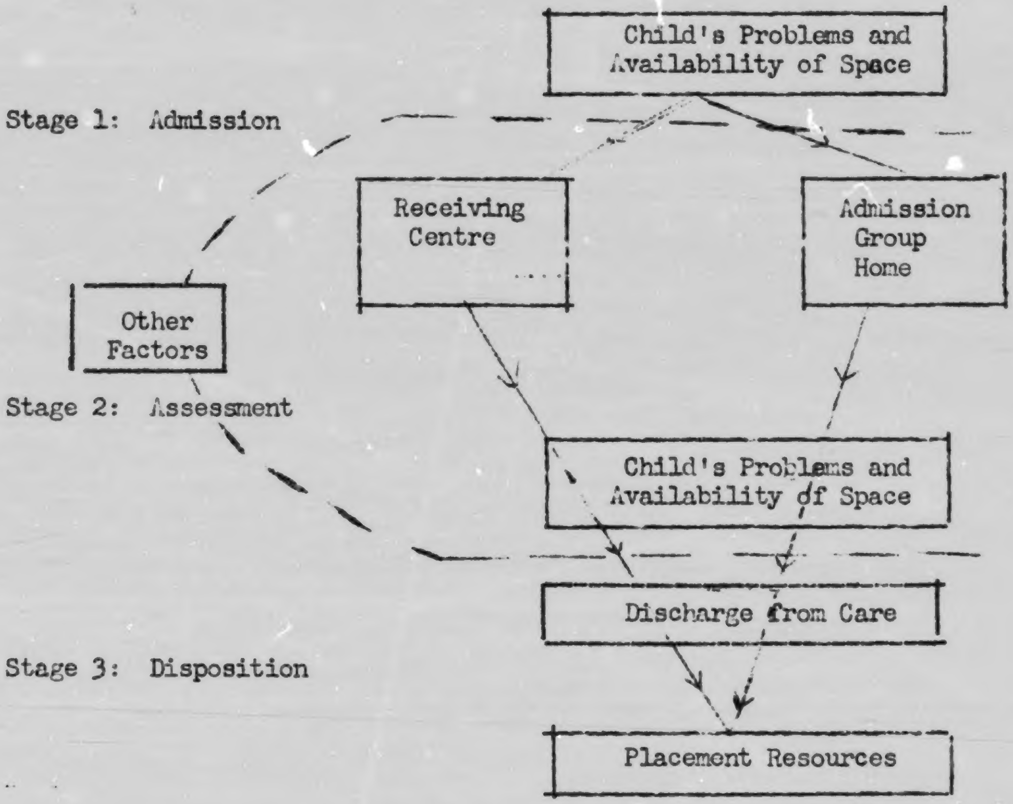
** These test factors are to be discussed under "Data and Instrument".

*** These hypotheses had no theory-base, but were formulated out of the experience of our workers. They were used to guide the conduct of this study, as far as possible.

**** The three problem-areas identified were physical/health, behavioural and emotional. See Appendices A to G for their operationalization.

FIGURE 2.1

FACTORS CAUSING MOVEMENT OF A CHILD IN CARE


Child's Problems and Availability of Space
Stage 1: Admission
Receiving Centre
Admission Group Home
Other Factors
Stage 2: Assessment
Child's Problems and Availability of Space
Discharge from Care
Stage 3: Disposition
Placement Resources

Hypothesis 2: The disposition of children from these two types of reception-assessment resources is different.

Assumption:

1. Treatment institutions or related types of placement resources are used more often by children discharged from the R.C.

2. Regular foster family homes which take in children from the R.C. are more likely to receive a subsidy.

3. If there is no difference in disposition, we may attribute this to the random assignment of children to placement resources, holding constant the availability of such resources.

As it can be seen, with regard to the placement of a child in a resource, the main independent variables (i.e., the variables that "produce" or "account for" the occurrence of something) were the child's personal problems ---- physical/health, behavioural and emotional* ---- as workers in the field pointed out, and the principal dependent variables (i.e., the "effects" or "outcomes") were the reception-assessment resource chosen and the child's disposition from the reception-assessment resource.** Because of the presence of other influential factors in the placement and assessment processes, it became evident that the relationships between the independent and dependent variables had to be examined under controlled condition, whenever appropriate ---- i.e., the principle of elaboration. This method of data-handling can give us a clearer picture of the phenomenon under investigation. A more detailed description of this and other methods used in this study can be found under "Data Analysis".

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* Originally, it was intended to secure information on a child's problems at two points in time ---- at admission into and at discharge from the reception-assessment resource. However, after carefully reading a sample of case-records and discussing the idea with some workers, it became apparent that such attempt would result in difficulties and confusion. This was because while some children's problems at discharge were noted as more serious than at admission, other children's problems reported present before admission were simply not exhibited during their stay in the reception-assessment resource. Therefore, the only way a child's problems could be recorded validly was to take note of all his problems exhibited regardless of temporal sequence of occurrence, i.e., whether his problems were recognized as present before, at or after admission. Besides, this way of coding a child's problems was based on an implicit assumption that any problems exhibited by a child, regardless of when, would have effects on the worker in planning for and assessing him. In the collection of information for some other variables, e.g., guardian's caring ability, family's economic condition, etc., the same convention was followed in obtaining an overall rating of the situation or phenomenon, whenever appropriate.

** The operationalization of these and other variables/concepts can be found under "Data and Instrument".

Since we were also interested in describing the functioning of the different reception-assessment resources, the rate at which children were assessed and discharged would serve as an indication of the performance of the reception-assessment resource. For this reason, the turn-over rate was calculated for each reception-assessment resource, and for the purpose of this project, the turn-over rate was defined as the number of children, between five and fifteen years old, who had been assessed (i.e., at least a psychological assessment) in and discharged from the reception-assessment resource in two months' time* after initial admission into the reception-assessment resource, in proportion to the total number of children of the same age-range who had been assessed in and passed through the same reception-assessment resource. While those who had stayed for a very short time. (i.e., seven days or less) and had never been assessed were to be excluded from the calculation, those who had stayed for more than two months, at the time of sampling, would be included. However, those who had stayed for less than two months at the time of sampling would be excluded. The formula for turn-over rate was thus

$$\frac{\text{All 5 - 15 yrs old, assessed and discharged between 8 and 60 days}}{\text{All 5 - 15 yrs old, assessed and discharged after 8 days}}$$

In this formula, the key issue was whether a child had been assessed or not. Although the A.G.H. was presumed to take in pre-adolescents and the R.C. to take in both pre-adolescents and adolescents, this formula would not be affected by the age of the child because the age effect had been removed, and therefore the turn-over rates computed for the different reception-assessment resources could be compared.

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* Although the length of time required to assess and plan for a child varied from worker to worker —— the range identified was six weeks to three months —— two months, (i.e., 60 days or less) was generally considered sufficient.

However, the turn-over rate would have to be supplemented by the movement rate, since most of the reception-assessment resources started (and ended) their operation at different times. In other words, some reception-assessment resources had not had enough children to enable them to be compared validly with others in terms of the turn-over rate, as defined above. However, if we looked at the total number of children between 5 and 15 years old the resource had had in relation to the length of operation of that resource, we could come up with a rough idea of the pattern of children in the resource.* The movement rate of children was

$$\frac{\text{All 5 - 15 years old in care}}{\text{Months of operation of resource}}$$

In this formula, the length of time a child in care was irrelevant. What we were interested to know was the average number of children between 5 and 15 years old the reception-assessment resource had per month. Comparison of the movement rates of the different resources would tell us which reception-assessment resource was more readily available to our children. Of course, the movement rate and the turn-over rate should be studied together in order to realize the extent to which the resource was used. Since the characteristics of children tended to influence these two rates, in data analysis this relationship would be examined in order to assess more objectively the "performance" of our different reception-assessment resources.

B. Population and Sample ----

The population used in this study was made up of all the children in the R.C. and the four A.G.H's. The R.C. group consisted of both sexes between five and fifteen years old, and the A.G.H. group had children of both sexes between five and twelve years old. Theoretically speaking, the R.C. Children were expected to be more difficult to manage than the A.G.H. children because they tended to exhibit more serious personal problems. In this respect, the staff of these two type of resources and the mode of assessment differed from each other in certain ways in that the R.C. was more like a residence with resident child care staff available at any given time, with assessment done on a continual basis, and with case-evaluation carried out periodically. The R.C. had thirty-six beds and the placement of a child in the R.C. usually was arranged through the Placement Department unless it was an after-hour or emergency admission.

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* Note that this was not equivalent to the turn-over rate as defined above, whose crucial factor was whether or not a child had been assessed in the resource.

The A.G.H. was simply a group home run by a couple and supervised by a worker from the Protection Department* in the Branch where the A.G.H. was. The four A.G.H.'s in the four Branches together could accommodate twenty-four children between five and twelve years old, theoretically speaking. The child's adjustment, progress and problems exhibited were closely observed by the home parents, who met with the supervising worker periodically to evaluate the overall progress of the child. In this sense, the worker assumed the role of a consultant and worked closely with the child and the foster parents. Plans for the child were made after sufficient confidence had been gained with regard to the needs of the child. Although the R.C. and A.G.H. differed in some respect with regard to their means of assessment and their settings, the goal of the two types of resources was the same, namely, to assess the child as quickly as possible and to make the best plan for him. It was the comparison of the mode of operation of these two resources that formed, in part, the subject matter for this research, and the children in these two resources formed the population or universe of this study.

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* Except the East Branch A.G.H. where the supervising worker was from the Child Care Department.

Originally, it was intended that this research be a study of A.G.H. and R.C. children between five and twelve years old who had stayed in the resource for eight or more days*, and that a dating-back sample of 150 were to be selected for the A.G.H. group and another 150 R.C. cases were to be selected randomly**. The "cut-off" dates of the sampling were to be October 1, 1969 and August 31, 1971. However, it was soon realized that these criteria had to be modified because the Agency's Information Services had records on only 55 A.G.H. children between six and twelve years old within the above time-period. This sample size would not be large enough for certain statistical manipulations, especially if the subjects had to be grouped for tabulation purposes. It was then decided to go back one more year to July 1, 1968, and to expand the age-range of the subjects at both ends to five and fifteen respectively. Thus, the subjects finally used in this study consisted of all the children between five and fifteen years old who had stayed for at least eight days in either the R.C. or A.G.H., and who were admitted into care directly from the community. The time-period studied was July 1, 1968 to August 31, 1971.

Owing to this change of sampling criteria, the original idea of using the computer do the sampling was forced to drop and samples were drawn manually and tediously. To begin with, the records kept by the Placement Department were examined. Bearing in mind the above criteria and eliminating second admissions within the time-period studied, exactly one hundred single-admission cases were purposively selected to form the A.G.H. sample. In obtaining the R.C. sample, records kept by the R.C. and the Institution Department were examined and compared. Those children who had been in both the A.G.H. and R.C. within this time-period were eliminated*. Conforming to the criteria specified above and including only direct admission from the community, a total of 356 single-admission cases were selected. Then, from this group, 200 cases were randomly selected using a table of random numbers. In sum, these 300 cases represented both the R.C. and A.G.H. children between five and fifteen years old, who were admitted into care directly from the community and had stayed in the reception-assessment resource for at least 8 days between July 1, 1968 and August 31, 1971. The sampling method was a combination of purposive and random.

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* Through discussion with the field staff, it was pointed out that an initial or tentative plan would have been made, in most instances, for those children who had stayed for a week or more.

** The R.C., at any given time, had more children than all the A.G.H.'s combined, theoretically speaking, because the R.C. had a higher accommodation rate.

C. Data and Instrument ——

The basic source of data used in this study was the case-records in both the child care and family files. Although the quality of data extracted from such records is usually less satisfactory due to incompleteness and inconsistency in case-recording, this was the only appropriate data-collection method available for the purpose of this study because we were interested in describing the situation over-time, so as to reveal operational needs, as one of the main purposes. It was hoped that with the use of detailed data-extraction guidelines and indices, the raw data would achieve a usable level and coding could be done in a consistent manner. A reliability test on the raw data extracted therefore was contemplated.

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* To increase the A.G.H. sample size, those children who had been in both the A.G.H. and R.C., regardless of the temporal sequence, were counted as A.G.H. cases and were eliminated from the R.C. sample.

Before any instruments were constructed, an initial survey of research studies completed elsewhere was carried out. It was discovered that in the extraction of factual data, no or only minor problems were encountered; however, with regard to the extraction of judgmental data from case-records, methods varied and guidelines differed. While in some cases, researchers simply noted absence or presence of a problem, in other cases, elaborate guidelines were developed to help the coder classify a problem. However, the use of indices to help extract data in sensitive areas seemed to be generally lacking or under-used. An examination of a sample of the Agency's child care and family files, carried out at about the same time, revealed that certain information were more readily available than some other. The overall impression was that, firstly, regarding the extraction of factual data, minimal guidelines would be required; secondly, indicators of some concepts could be borrowed from other research studies; and thirdly, a child's physical/health, behavioural and emotional problems had to be quantified with indices and classifications of these three problem-areas had to be done.

The next step brought the researcher to identify the concepts, variables and their indicators which would be needed for the purposes of this project. It seemed apparent that a child's physical/health, behavioural and emotional problems, and information on his disposition and the reception-assessment resource were crucial in this study. In the process of identifying other variables for inclusion in this study through reviewing the relevant literature, interviewing field-workers and reading case-records, three things were borne in mind: first, the recognizably salient factors used by the worker in assessing and placing a child; second, the kinds of data needed to answer the research questions as indicated by the problems formulated; and third, the availability of data from the case-record. Altogether, seven sets of data were identified as important. They were: 1) basic admission data (e.g., reason for admission, year of admission, etc.), 2) data on the child's biological characteristics and his group memberships (e.g., physical/health problems, age, sex, ethnicity, etc.), 3) data on the child's psychosocial characteristics (e.g., emotional problems, relationship pattern, etc.), 4) data on his placement history (e.g., previous admission, nature of separation, etc.), 5) data on his family background (e.g., guardian's marital status, economic status, guardian's working relationship with the agency, etc.), 6) data on the assessment resource (e.g., length of child's stay, use of outside assessment resource, etc.), and 7) data on disposition of child from the reception-assessment resource (e.g., placement resource child had, choice of placement resource, etc.). Some of the concepts and indicators were borrowed mainly from the Maas and Engler study (4, 408-410), and certain concepts used (e.g., child-guardian relationship, guardian's economic status, etc.) were component or global in nature where more than one indicators were usually involved. Table 2.1 lists the concepts and indicators used in this study.

TABLE 2.1

CONCEPTS, VARIABLES AND INDICATORS EMPLOYED IN THE STUDY

CONCEPT	VARIABLE	INDICATOR*
Child's biological characterists = the basic conditions that characterize the child as an organism.	- Age - Sex - Intelligence - Physical/health condition	10-11, 74 12 14, 15-17 19, 20-21, 22-23

* The number in this column refers to the column-location of the indicator in the Code-book. (See Appendix H.)

CONCEPT	VARIABLE	INDICATOR
Child's group memberships = the more specifically social names and labels placed upon the child in his culture. (Age and sex could also be considered group member-ship items.)	- Ethnicity	13
	- Membership in family group	18
Child's psychosocial characteristics = emotional, behavioural and attitudinal characteristics of the child as a person. (Intelligence could also be considered a psychosocial item.)	- Behavioural condition	24, 25-26, 27
	- Emotional condition	28, 29-30, 31
	- Overall health and psychosocial condition	64, 65-67, 71
	- School-learning difficulties	32
	- Social relationship pattern	33, 34, 35, 36
	- Conflict with the law	37
Child's placement history	- Previous admission	38
	- Previous placement resource	39
	- Previous replacement	40
Child's family background = home environment in which child was brought up.	- Guardian's marital status	43
	- Family's economic status	44
	- Guardian's working relationship with Agency	45
	- Siblings in care	46
	- Guardian's caring ability	47
Reception-assessment resource = happenings during child's stay in reception-assessment resource	- Reception-assessment resource	4
	- Choice of assessment resource	48
	- Length of stay in resource	49, 50-52, 72
	- Use of outside assessment facilities	53
	- Reason for long stay	54
	- Completion of assessment	69
	- Guardian's contact	42

CONCEPT	VARIABLE	INDICATOR
Disposition of child = happenings after discharge of child from reception-assessment resource	- Placement resource	55-56
	- Choice of placement resource	57
	- Replacement	58
	- Reason for replacement	59
	- Agency's plan for child	60
	- Total length of stay-in C.A.S. resource	61-63, 73
	- Legal status of child upon discharge from reception-assessment resource	9
Child's admission nature	- Originating branch	5
	- Admission reason	6-7
	- Urgency of admission	8
	- Nature of separation	41
	- Legal status of child on admission	68
	- Year of admission	70

The construction of instruments and the preparation of data-extraction guidelines were carried out at about the same time as the selection of variables. A review of literature revealed a general absence of attempt in the classification of behavioural and emotional problems* in the sociological and psychological areas. Contact with resource people from both inside and outside the Agency likewise produced limited success in the discovery of these problem classifications. It then became apparent that we had to turn to the field of psychiatry; and at the recommendation of a Clark Institute psychiatrist, the 1966 classification of psychopathological disorders in childhood (20) was examined. It was from this publication that the classifications of problems used in this study were derived*. A method of scoring in a child's principal problem-areas was also devised, and a set of data-extraction guides prepared. With the help of an experienced social worker in the Institution Department, the commonly used public institutions by the Agency were identified, grouped under different functions, and classified on the basis of size (i.e., home-like versus non-home-like atmosphere) and mode of treatment (i.e., built-in structured therapy versus the absence of institutionalized therapy). All these attempts aimed at obtaining manageable yet meaningful data, so that during data-analysis and interpretation, confusion could be minimized. (Please see the Appendix for a detailed description of these instruments and their use.)

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* It had been decided to borrow, with minor modification, the physical/health problem classification developed by Mr. W. Hedderwick of this Agency.

After the R.C. and A.G.H. sample lists had been compiled, Central Filing was instrumental in making available microfische copies of the cases —— both the child care and family files. However, in the first round, only about 20% of all the cases were available in microfische form. When coding was finished on those cases, an extensive and intensive search of files, branch by branch and department by department, began. This proved to be a laborious exercise. Checking and rechecking statistical records for aliases and the spelling of surnames was most time-consuming. Also, some microfisches were not readable due to improper processing. Altogether, 98 cases were coded for the A.G.H. group, and 199 cases for the R.C. group, with a total of 8 substitutions made in the R.C. group. Some of the original cases were unavailable and some were deleted because certain information on the child were wrongly reported and consequently did not meet the sampling criteria. While most of the data were obtained from the files, about 5% of all the data (or 5% of the cases) were collected through interviewing the workers because case-recording could not be completed in time.

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* The classifications used in this study represented the results of combination of the various sub-classifications proposed in the G.A.P. publication, and had never been empirically or theoretically tested. Of course, any short-coming in the classifications used in this study is due to the author's naivety in this area and not to any inherent drawback in the G.A.P. attempt.

When data-collection was completed, 27 of the 297 cases were randomly selected, re-coded, and the results obtained from the two stages were compared, in order to reveal the consistency in coding and, to some extent, the reliability of the raw data. Because there were three different levels of data involved, namely, nominal, ordinal and interval, two different statistical methods were used to measure the rate-rerate reliability. The Cohen coefficient of agreement was calculated for the nominal and ordinal data, and this gave an average coefficient-value of 0.90; a rather high value because 1.00 means perfect agreement. The Pearson product-moment correlation coefficient was used to measure the rate-rerate reliability for the interval data, and the result was encouraging too with an average coefficient value of 0.90 achieved. However, further analysis of the data revealed that while the coding of nominal and ordinal data was generally satisfactory, that of interval data had greater fluctuation when the results from the two coding stages were compared, despite the high correlation coefficient. Appendix J shows how the rate-rerate reliability was calculated and the further analysis of data, and offers an explanation of the results.

D. Data Analysis ———

The principal objective of data analysis in this study was to reveal the operation the best we could by exercising appropriate control over the data and by using the more powerful methematical and statistical techniques, whenever possible. The conventional technique of data-presentation, i.e., cross-tabulation of two variables —— presumably one has an effect on the other —— without considering the logical influences of other variables on the relationship, was played down in this study on the belief that, in the real world, the occurrence of a phenomenon is usually not the result of a one-to-one relationship but the result of combined influences of many forces. Therefore, whenever the situation warranted, a multivariate statistical method was used to analyze the data and to help better describe the situation or phenomenon. Of course, the choice of a particular statistical method is often dictated by the quality of data; in this study, this limitation was also realized. In all, five stages of analyses with the computer were carried out, and each stage had a distinct objective or goal. The following will describe these stages and, briefly, the methods used.*

After the raw data were checked and organized, an initial tabulation of the data was done. Absolute, relative and cumulative frequencies for each variable were obtained. The purpose of having this done was to gain an overall impression of the pattern of distribution of the data, to recode or group some of the variables, to get an initial idea as to how the data could best be handled, and to help decide on the choice of certain statistical methods. As a result, admission reasons were grouped under four headings with the help of an experienced worker*, guardian's marital status were grouped**, and the categories in some other variables, like age, ethnicity, intelligence, sibling number, previous admission, previous replacement while in care, family's economic status and guardian's caring ability, were collapsed or combined. Also a child's physical/health condition, behavioural condition, emotional condition, and his length of stay were classified on the bases of the frequency distribution of the various scores.*** To facilitate perception of a child's overall personal problems, using the results from the classifications of his physical/health, behavioural and emotional problems and basing on the same principle of classification, the three problem-areas were combined to form two new variables: "overall problem condition" (column 64 in the Code-book) and "overall problem severity scale (column 71 in the Code-book). All these efforts were made because the nature of the data called for re-organization of some of the data, so that confusion in later data-handling would be minimized.

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* The specific methods and their logics will be described in detail later in the report, when the procedures involved in the uses of these methods and the results obtained are discussed.

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* The four final groups of admission reasons identified were 1) temporary family problem (i.e., abandoned or loss, physical illness of parent, desertion, imprisonment, separation of parents, marital conflict, unsatisfactory home condition, lack of accommodations, eviction, ill treatment of child, sex offences (including incest), and inadequate supervision), 2) permanent family problem (i.e., mental illness of parent, mental defect of parent, drunkenness, alcoholism, and rejection of child), 3) child's problem (i.e., behavioural problems (including parent-child conflict), emotional disturbance, and inability to control), and 4) others (i.e., death of parent, private placement breakdown, and other).

** The three headings were 1) single (i.e., never married, separated/desertion, divorced, and widowed), 2) marriage intact (including common-law union), and 3) remarried (including common-law union).

*** The principle based on which these variables were classified was equal proportional distributions of scores. This means that, firstly, as far as possible, the categories of a variable had to have equal numbers of cases, and secondly; all the cases in a category of a variable had to possess the same attribute. The process in classification was to arrange all the subjects in ascending order of their scores, and to decide on the different cutting points so that, eventually, all the categories of the variable would have equal, or close to equal, numbers of cases.

Factor analyses of a selected number of variables constituted the second stage of analysis. The purpose of this process was to delineate informational factors based on which our workers made their decisions in placing children. To avoid "halo" effect in coding, variables deemed important in influencing the placement of a child were not singled out in advance, although the list of variables did include such variables implicitly identified by some of the workers contacted during the construction of instruments. The Department Supervisor of Homefinding and Placement than selected twenty-one variables she thought, based on her extensive experience, were important to consider in placing a child —— regardless of where the child was to be placed. After the variables were recoded, the calculation of a tetrachoric correlation matrix began and this was then subjected to factor analyses. The process and results will be discussed in detail later on in this report. The correlation matrix had also proved to be valuable in giving suggestive leads to the cross-tabulation part of the analysis.

The variables were then cross-tabulated to identify the interrelationship pattern among the variables. No control of a third variable was introduced in most of these cross-tabulations, which were grouped under five separate headings: basic information, characteristics of sample, reception-assessment resource, duration of care, and disposition. The purpose of this cross-tabulation exercise was to discover ideas as to how these relationships could be clarified further in a later computer run, i.e., to evaluate the extent to which the principle of elaboration could be employed. Chi square, phi or Gramer's V, and contingency coefficient were computed for each table, in order to enable the researcher to decide on the strength of association between the variables.

It was then decided to use A.I.D. (Automatic Interaction Detector), a computer programme developed at the University of Michigan Survey Research Centre (21), to identify those variables which tended to influence duration of care. The rationale for choosing this technique for use was two-fold: first, if we used a regression analysis technique, a tetrachoric correlation matrix had to be computed and this could be a tedious process —— therefore, a method, similar to step-wise regression analysis, which could handle any level of data, might prove to be a worthwhile substitution; and second, A.I.D. seemed to have been frequently used to predict and explain consumers' behaviour and the users generally found satisfaction with this technique, therefore, it might be worthwhile to employ this technique to identify variables which could contribute to the explanation of the phonomenon "duration of care". The Department Supervisor of Homefinding and Placement was then asked to select 16 variables which she thought might explain or predict duration of care in the reception-assessment resource. These variables were recoded and subjected to the A.I.D. analysis. This was the fourth stage of data analysis.

The fifth or last stage of analysis involved the formation of a data-analysis advisory group made up of six M.S.W. - degree field workers.* The function of this group was to help reveal their daily operational problems, so that the data on hand might be used as well to suggest remedies to these problems. As a result, some of the legitimate concerns and hunches raised by the group were incorporated into this fifth stage of analysis, which was, in essence, an extension of the second stage. Cross-tabulations of variables with the introduction of test factors and an analysis of the A.I.D. results formed the subject matter for this stage. The results were encouraging in that they enabled us to better understand the situation in the field and revealed some interesting operational problems. Chi square, phi or Cramer's V, and contingency coefficient were computed for each table.

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* These six workers, selected at the suggestion of the Agency's Social Work Consultant, Miss Jessie Watters, were: Mr. D. Bohnen, Mr. G. Cone, Miss S. Simpkins, Miss S. Summers, Mrs. S. VanderVoet, and Mr. J. Zilliotto.

In sum, the unit of analysis in this study was the child between 5 and 15 years old, admitted into the Agency's reception-assessment resource directly from the community and who had stayed in the resource for eight or more days, between July 1, 1968 and August 31, 1971. Initial explorations through interviewing the field staff helped single out the research objectives listed in Chapter I. Further contacts with them proved valuable in helping the researcher gain a clearer conception of the placement operation. Relevant concepts and variables were also identified.

The sampling procedure was a combination of purposive and random. To guide data collection, various guidelines and data-extraction methods were prepared and instruments constructed. After a lengthy effort to locate files, a total of 297 single-admission cases were coded for information. A rate-rerate reliability check at the end of the data-collection process revealed that coding was done in a highly consistent manner.

The choice of methods and techniques used in data-analysis was dictated more or less by the data-level. Throughout the five stages of analyses, research findings obtained elsewhere were borne in mind, and the principle of elaboration was adherred to on the belief that there seldom is a one-to-one relationship in the real world. Factor analyses were used to delineate informational factors which were important in influencing our workers in placing children. A new method, which resembles step-wise regression analysis, was also used to identify variables which could be used to predict or explain duration of care in the reception-assessment resource. The use of a data-analysis advisory group contributed to better understanding of the kinds of operational problems that existed in their daily activities in the field. The results [illegible] the use of these various methods had proved to be quite fruitful in exposing the service-delivery situation. The following chapters will describe the findings from this study.

CHAPTER III

CHARACTERISTICS OF THE TOTAL SAMPLE

In this chapter, the characteristics of the entire sample will be described. Instead of exploring the inter-relationship pattern among the variables, the emphasis will be on the presentation of data in their basic form. This chapter will hopefully prepare us for the more detailed analyses later on in the report. Owing to the volume of data presented, a brief summary of the content is included at the end of each chapter to help one conceptualize the analyses better. In reading the report, one has to bear in mind the focus of this study and must not construe that the findings apply to the total children population of the Agency. Of course, whenever the findings may be generalized, it will be noted.

A. Admission Information----

This study covered the period between July 1, 1968 and August 31, 1971. Of all the 297 cases used in the study, 57 were admitted into care during the last six months of 1968, 96 in the year 1969, 91 in 1970, and 53 during the first eight months of 1971. These children, regardless of where they were placed on admission from the community, were originally admitted through the Agency's four branches, and the C. B. (Metro Central Branch) alone produced 207 children (almost 70% of the sample). The remaining 30% were divided almost evenly among the other three branches, with the E. B. (East or Scarborough Branch) having 34 cases or 11%, the N. B. (North or North York Branch) having 29 cases or 10%, and the W. B. (West or Etobicoke Branch) having 27 cases or 9%. Since the A.G.H. in the Branch was intended to be mainly for use of that branch, and since we only had 97 cases in our A.G.H. group or sample, the impression that these percentages give is that a good proportion of the C. B. children must have been admitted into the R. C. which was geographically very close to the C. B. This, as we shall see, was indeed the case. It would, therefore, be interesting to find out why this was so.

With regard to the reason for admission,* according to the way they were grouped, it appeared that temporary family problem was the primary one which constituted 42.8% of all the admission reasons. Child's problem came second and accounted for 33.0% of the reasons for admission, followed by permanent family problem which accounted for 21.2%. "Death of parent", "breakdown of private placement" and "other" together formed 3.0% of all the reasons. The relationship between adnission reasons and other variables will be explained later in depth.

Our workers seemed to be somewhat overwhelmed by emergency admissions, at least in this study. In most of the cases (203 cases or 68%), the child was admitted into care on an emergency basis with little or no prior warning. Only in 31% of the cases, the child's admission plan was worked out in advance. This perhaps was not a surprise to get so many emergency admissions in our sample because we focused on the study of the reception-assessment facility which was expected to admit children at any given time. At the time of admission direct from the community, we had 291 non-wards or 98% of the total sample, 5 Society-wards and 1 Crown-ward. Roughly speaking, 24% of our cases were apprehensions.

B. Child's Biological Characteristics and Group Membership----

In this study, most of the children were pre-adolescents, regardless of how an adolescent was defined. (See Table 3.1.) This presence of large number of pre-adolescents was, of course, due to the influence

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* In this study, the reason for admission was not necessarily the primary one given on the Child Data Form. It was discovered that the crux of the problem (i.e., the real or fundamental cause of the problem) would not be the ideal one to code because it would turn out that most of the admission reasons could be grouped under "poverty", which is too global and unclear a concept. The reason coded in this study therefore represented the immediate reason for admission, and the concept of poverty was taken care of in the description of the family's economic status.

TABLE 3.1

AGE BY RECEPTION-ASSESSMENT RESOURCE (IN PERCENTAGE)

		R.C.	A.G.H.	ALL
A.	5 - 11	55.8	78.6	67.2
	12 - 15	44.2	21.4	32.8
	N	199	98	297
B.	5 - 12	62.3	85.7	74.0
	13 - 15	37.7	14.3	26.0
	N	199	98	297

of the A.G.H. group which was made up of primarily younger children with 85.7% of them under thirteen years old. While the proportion of the 12-15 age-group in our R. C. group was identical to the actual proportion of the same age-group in the R. C. (i.e., 44.2% versus 44.4%*), and there is no question about the representativeness of this R. C. sample, the A.G.H. group tended to be over-represented by the over-twelve age-group because the A.G.H. was supposed to be for the exclusive use by the twelve-and-under age-group. Since there was no probability sample drawn for the A.G.H. group the presence of these fourteen adolescents must be due to the actual existence of a sizable teen-age population in the A.G.H. Therefore, as far as the age-bracket is concerned, the A.G.H. seemed to be far less rigid and would admit children outside the age-bracket specified.** In all, boys constituted 62% and girls 38%. While almost 89% of the children were Whites, Negroes and West Indians had 4%, North American Indians 0.7%, and mix-blooded 6.4%. There were no Asians in the study sample. With regard to the sibling composition at home, 15.5% of the group had no siblings under sixteen years old, 40% had one or two siblings, and 44.4% had three or more siblings. On the whole, our children were not from overly large families because only 13.5% of all the children had more than four siblings at home.

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* The R. C. had 36 beds, and 16 of these or 44.4% were for the 12-15 years old.

** From a manual tabulation of all the children admitted directly from the community into the A.G.H. during the time-period studied, regardless of length of stay, 7.7% of the 155 children were under 5 years old, 78.0% between 5 and 12 years old, and 14.2% over 12 years old.

Of those whose I.Q. scores were known, most (64%) had average or above intelligence (i.e., I.Q. score 91 or above), 31.3% were slightly below average, and only 4.6% were mentally defective (i.e., I.Q. score below 70). The I.Q. scores ranged from a low of 54 to a high of 131, with a median of 95.6. Thus, if we follow the commonly held assumption that an I.Q. score of 100 represents average, our children's intelligence seemed to fall short of average or normal expectation, although there were eighty children whose I.Q. scores were not available. Only 9.5% of our children might be classified as "bright" with a score of 110 or better.

In this study, the physical/ health problem of a child was computed with a formula and the instruments attached to this report. (See Appendices A to C for the scoring method.) The results revealed that 75% of our children had no problems* at all in this area. The scores ranged from 1 to 28. Since only 25% of the group had physical/health problems, following the principle of equal proportional distributions of scores, only two categories were formed to describe the physical/health condition: the no-problem versus the problem groups. For those who had some sorts of physical/health problems, "ear, nose, oral problem" seemed to be most common with 21.6%, followed by "visual problem" with 17.6%. Only one child had "endocrinal and hemic problem", and 17.6% had a mixture of problems. Table 3.2 describes the frequency distribution of physical/health problems. On the whole, our children were quite

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* Problems are referred to those which had some lasting, enduring or recurrent nature. Temporary problems, like chest cold, influenza, etc., were not coded. In coding behavioural and emotional problems, the same convention was followed and natural reactionary problems to a new environment were not counted.

TABLE 3.2

PHYSICAL/HEALTH PROBLEM (IN PERCENTAGE)

Problem	One-problem-only	All
Visual only	17.6	4.4
Ear, nose, oral only	21.6	5.4
Musculoskeletal only	2.7	0.7
Cerebral neurological only	10.8	2.7
Epidermal only	1.4	0.3
Genitourinary only	2.7	0.7
Respiratory only	6.8	1.7
Cardio-vascular only	6.8	1.7
Gastro-intestinal only	4.1	1.0
Endocrinal-hemic only	1.4	0.3
Allergies only	6.8	1.7
Any combination of above	17.6	4.4
N	74	
No physical/health problem		75.1
N		297

healthy and physically able and few had complex physical/health problems (only 4.4% in the whole group) if complexity could be measured with the category "any combination of above". Later analyses will aim at detecting changes (if any) in physical/health problems over time, in order to understand the characteristics of our children in a better way.

C. Child's Psychosocial Characteristics----

With regard to school-learning problems, one child in the group was not yet in school at the time of study, and there was no information on ten other children. Of the remaining, about half (48%) had no special difficulties in school learning and the child was making progress, making satisfactory use of his potential and relatively eager. The other 52% had some difficulties and the child was academically underachieved and apathetic towards school. The social relationship pattern of our children was interesting. Usable information obtained revealed that there were two distinct social relationship patterns: the child-sibling pattern versus others. Of the 184 children who had siblings and who produced usable information, 72.8% were reported to have meaningful relationship with their siblings characterized by a sense of trust, love, respect, co-operation, affective attachment, etc. However, on the other hand, only about half of our children tended to have meaningful relationship with their peers (49%), and with their social workers while in care (52%). Our children appeared to do least well with their guardians or natural parents: 57.5% had indifferent relationship with their parents characterized by the lack of any of the positive attributes described above for a meaningful relationship. If police record or conflict with the law was an indicator of a child's intense behavioural and/or emotional disorder, then it appeared that we unfortunately had a sizable (23.6%) group of "difficult" children.

The classification of a child's behavioural condition was done in the same way as that of his physical/health condition. (See Chapter II and Appendices A, D and E.) The scores computed ranged from 0 to 80. On the whole, our children may be said to be difficult to manage because only 16.2% in the whole group had no behavioural problems. Following the principle of equal proportional distribution of scores, four catecategories of behavioural conditions were formed. Those who had a score less than 3 were classified as "good", a score between 3 and 15 as "fair", a score between 16 and 36 as "poor", and a score greater than 36 as "very poor". Most of the children who had a score of 1 or higher exhibited complex behavioural problems (85.5%). Table 3.3 describes the frequency distribution of these behavioural problems.

With regard to a child's emotional condition classification, Chapter II and Appendices A, F and G describe the method which was the same one used to classify physical/health and behavioural conditions

TABLE 3.3

BEHAVIOURAL PROBLEM (IN PERCENTAGE)

Problem	One-Problem-only	All
Acting-out/aggressive only	0.4	0.3
Uncontrollable only	0.8	0.7
Anti-social only	2.8	2.4
Oppositional only	2.0	1.7
Isolating only	4.4	3.7
Dominant-submissive only	1.6	1.3
Dependent-independent only	0.4	0.3
Habit-disorder only	2.0	1.7
Any combination of above	85.5	71.7
N	249	
No behavioural problem		16.2
N		297

above. The computed scores ranged from 0 to 52, and three categories of emotional condition were formed due to the characteristics of the frequency distribution pattern of the scores. Those with a score of 0 and 1 were classified as "good", a score between 2 and 9 as "fair" and a score greater than 9 as "poor". On the whole, our children could not be described as emotionally healthy because almost three in five of the cases (58.6%) had some sorts of emotional problems. Like those children with behavioural problems, most of those who had emotional problems tended to have a mixture of these problems (63.2%). Manifest anxiety, depressive symptoms and feeling of inadequacy stood out most distinctly to describe the emotional state of those who reported the presence of one emotional problem-type only. Table 3.4 shows the frequency distribution of these emotional problems.

In order to assess the overall functioning of a person in the three major problem-areas, four categories of overall condition were formed using the sum of the scores obtained in the three problem-areas for each child. The total scores ranged from 0 to 104. "Good" condition was those with a total score of less than 6, "fair" was

TABLE 3.4

EMOTIONAL PROBLEM (IN PERCENTAGE)

Problem	One-problem-only	All
Manifest phobia only	1.1	0.7
Manifest anxiety only	11.5	6.7
Depressive symptoms only	12.6	7.4
Euphoria only	0.6	0.3
Feeling of inadequacy only	9.8	5.7
Psychiatric disorders/dissociation only	1.1	0.7
Any combination of above	63.2	37.0
N	174	
No emotional problem		41.4
N		297

6 to 25, "poor" was 26 to 45, and "very poor" was 46 to 104. Also, dichotomizing the different categories of problem conditions,* an overall problem severity scale was formed, and the frequency distribution of the different categories in the scale was described in table 3.5. Thus it can be seen that, classifying the problems in this way, while one in four cases had no or minimal problems in all the three problem-areas (LLL), only 8.1% had a high in all the areas. Or, looking at the scale from the other angle, classifying the problems in this way, 25% of the children had high physical/health problems, 52.9% had high behavioural problems, and 49.2% had high emotional problems. The scale, therefore, enables one to gain a quick idea of the characteristics of our children in the three major problem-areas without going back and forth to the various groups of data.

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* For physical/health condition, "good" was renamed "low problem", and "fair" renamed "high problem". For behavioural condition, "good" and "fair" were combined to form "low problem", and "poor" and "very poor" to become "high problem". For emotional condition, "good" was renamed "low problem", and "fair" and "poor" were collapsed to become "high problem".

TABLE 3.5

OVERALL PROBLEM SEVERITY SCALE WITH FREQUENCY IN PERCENTAGE

Physical/Health	Behav.	Emot.		All
High	High	High		8.1
H	H	L		5.4
H	L	H		5.4
H	L	L		6.1
L	L	L		25.6
L	L	H		10.1
L	H	L		13.8
Low	High	High		25.6
			N	297

D. Child's Placement History----

71.7% of the children in the sample were new admissions. Of the remaining 84 children who were re-admitted, the majority (78.6%) had one previous admission, 10.7% had two, and another 10.7% had three or more previous admissions. But when the whole group was looked at, it appeared that we had a substantial number of children (29.3%) who constituted what might be called a "hard-core" group, whose chance of remaining successfully in the community was a bit shaky due to either the child's personal problems or the problems in his family. Regarding the last type of placement resource the child had during his admission in the immediate past, the regular foster home was most commonly used (63%), followed by the R. C. (20%). Almost 5% of the children had the A.G.H. and another 5% had a non-C.A.S. placement resource. Specialized foster homes, regular group homes and hostels together were used by the remaining 7% of the children during their admissions in the immediate past. Again, for this group admitted into care before, 26.2% were replaced at least once for one reason or another.

E. Child's Family Background----

As expected, of the 295 children who supplied usable information, most (63.4%) came from poor families where the guardians were on welfare, unemployed, carried debts, unable to manage incomes and had problems holding down a job. 28.1% were from financially adequate families where the guardians had a steady job but sometimes had minor financial problems. Only 8.5% of the children had financially comfortable families where the guardians had a steady job and were definitely financially able. While most of the guardians were on welfare, on the other end of the continuum, we had an architect who owned an expensive townhouse in an upper-middle class area of the city.

The high proportion of single-parent families in the sample did not come as a surprise. Of the 296 children who had a guardian or parent, 55.4% had only one parent or guardian at home (i.e., unmarried, separated, divorced and widowed combined). In this group separation alone accounted for 74.4% of the phenomenon. 22.6% of the total group had the caring person remarried (including new common-law union), and 22% came from intact families (again, including common-law unions). It would be expected that, in reality, most children in the sample did not have an emotionally healthy home because there is good reason to suspect that remarriage or common-law union would likely contribute to internal family dysfunction rather than to re-stablization of the family situation.* Therefore, a conservative estimate was that the majority of the children in the sample (at least 78%) were deprived of a "normal" family life.

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* Morris Rosenberg found that remarriage of a child's mother had deleterious effect upon his self-esteem; this was especially true with an older child (4 years old or more) (22, 99-104).

The children in the sample showed only part of the admission pattern of children in the various families. Of those 251 children who had siblings under sixteen years old, 70.5% had their siblings in C.A.S. care as well, either before or presently. Despite the presence of several groups or pairs of siblings in the sample, and this could reduce this percentage - figure somewhat, there is no reason to suspect that admission was not a family phenomenon in most cases because only 29.5% of the 251 children did not have their siblings admitted into C.A.S. care as well at one time or another.

Global assessment of the caring ability of the guardian revealed that a good number of guardians (43.4%) were classified as unable to provide necessary care to the child or cope with his problems. 31.5% had doubtful caring ability, and one in four seemed to be able to care for the child with a certain amount of assistance rendered. With regard to the guardian's working relationship with the Agency/worker, 155 of the 293 children who supplied usable information (about 53%) had guardians who had established a positive working relationship with the Agency characterized by a sense of trust, progress and co-operation. The remaining 47% had guardians who could be classified as "unworkable" because the guardian-agency relationship was characterized by a lack of any of the above positive attributes.

F. Reception-assessment Resource-----

In this study, 199 children made up the R. C. group, and 98 made up the A.G.H. group. The breakdowns of the latter were as follows: 32 of the 98 children (32.7%) came from the C.B. A.G.H., 17 or 17.3% from the E.B. A.G.H., 22 or 22.4% from the N.B. A.G.H., and 27 or 27.6% from the W.B. A.G.H. Depending on feasibility, in later analyses, these A.G.H.'s in the four branches are to be either grouped or ungrouped.

Although the variable "choice of reception-assessment resource" was an important one, it turned out that, in most instances, information could not be obtained for this variable because there simply was no such indication in the file or in the record kept by the Placement Department. Only 13 of the 98 A.G.H. cases supplied usable information. Of these 13 cases, 11 seemed to indicate that the A.G.H. was chosen over the R. C., and 2 indicated that the A.G.H. was chosen reluctantly because there was no bed-space available in the R. C. Since, in effect, we had no or only limited knowledge of the choice factor, this variable was not ultimately used in later analyses, and an alternative analytic approach was taken to identify the extent of appropriateness in placing children with serious problems in the A.G.H. Although this way of looking at the choice factor was indirect, suggestive leads should emerge from this analysis.

During his stay in the reception-assessment resource, a child was supposed to be assessed by the staff of the Agency (which included the A.G.H. parents). Different kinds of assessment, ranging from observation to psychiatric examination, could be carried out. However, since understanding the psychological state of a child and of his potential was crucial to any planning for him, a psychological examination was deemed important although it was not always or necessarily the first thing a child should receive. Besides, although a worker's observation or assessment was undeniably accurate in most instances, a psychological examination represented a more objective way to assess a child and therefore was a desirable tool to help a worker make better plans for the child. In other words, every child in our reception-assessment resource should, theoretically and whenever possible, have been assessed by a psychologist, and a psychological examination could serve as an unbiased indication of completion of assessment.* Using this yardstick, 80 children (26.9%) were never completely assessed before they were discharged from the reception-assessment resource.

Sometimes, in addition to receiving assessment done by the Agency's staff, the child's problems were such that outside professionals** were involved as well in the total assessment process. Altogether, 130 children or 43.8% of the total group were assessed by outside professionals. This was a rather high rate; later analysis therefore seemed warranted to reveal who these children were and whether this use of outside assessment personnel was a universal phenomenon throughout the four branches of the Agency.

Although visiting by guardians was welcomed in the reception-assessment resource, not every child was visited. Recognizing that visitation might not be a good indicator of the guardian's interest in the child, a broader concept, "contact", was used which included, as indicators, "visitation", "letter-writing" and "telephoning". Measured with these indicators, the majority (75%) of the children had maintained some kind of contact with their guardians during their stay in the reception-assessment resource. This was an encouragingly high proportion.

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* In half a dozen of instances, the child had been psychologically examined before he came into care. Although in those cases, the child did not receive a second psychological examination during his stay in the reception-assessment resource, he would be classified as having completed assessment.

** These professionals could be psychologists, psychiatrists, medical specialists or social work personnel attached to an organization, club or summer camp. Although teachers usually provided useful additional information, they were not included in this group of professionals because contact with the teacher was considered a necessary and regular step in the service-delivery process and did not constitute a special source of information.

With regard to duration of care in the reception-assessment resource, the number of days ranged from 8 to 867 with an average of 85.5, as measured with the median statistic. One hundred and thirteen children or 38% stayed for 60 days or less, and the remaining 62% stayed longer than two months or 60 days. The five categories identified in advance of data-collection appeared comprehensive and mutually exclusive enough to take care of the range of reasons for long stay, and the frequency distribution of these five categories of reasons is described in Table 3.6. Roughly, 50% of the children who stayed for more than two months offered an explanation for their long stay, and the reason most commonly identified was "assessment not yet completed" which constituted 41.9% of all the reasons advanced. Waiting for a space in an outside institution appeared to be an important reason too for long stay (24.7%). On the whole, it appeared that two months was not generally sufficient to assess and plan for a child in the reception-assessment resource, although this amount of time was recognized by most

TABLE 3.6

REASON FOR LONG STAY (OVER 60 DAYS) IN RECEPTION-ASSESSMENT RESOURCE (IN PERCENTAGE)

	All
Child had positive or emotional attachment to the people in the resource, and replacement would damage him.	3.2
It was believed that child could benefit from the kinds of opportunities offered to him from both outside and inside the resource.	12.9
Assessment was not yet completed by the worker or by outside assessment personnel.	41.9
Child had to await a space in one of our own placement resources	17.2
Child had to await a space in one of the outside placement resources	24.7
N	93

workers as sufficient. Of course, the relationship between this variable and others would have to be determined before any solid conclusion could be drawn. The phenomenon of duration of care will be explored further in a later chapter, since this was one of the concerns in this research. To facilitate future data-handling, duration of care in the reception-assessment resource was classified into four groups: "short" meant 8-35 days, "moderate" meant 36-85 days, "long" meant 86-150 days, and "very long" meant 151-867 days.

G. Disposition of Child from Reception-assessment Resource----

Depending on feasibility and the focus of the analyses, it will be found that the placement resources chosen for our children discharged from the reception-assessment resource were either grouped or ungrouped. Presently, to give a general picture of the disposition pattern, placement resources were presented in both grouped and ungrouped forms, and table 3.7 shows the frequency distribution of the three major patterns of disposition, excluding those who were still in the reception-assessment resource at the time of study and those whose placement resource was classified as "other". It can easily be seen that there were roughly equal numbers of children who were discharged back home and who were placed in a C.A.S. resource. Only slightly more than one in four children was placed in an outside institution. Of those C.A.S. placement resources used, the regular foster home topped the list with 49.1%, followed by the various institutions of the Agency and the regular group home with 29.2% and 17.0% respectively. Regarding the pattern of use of outside placement resources, of those who were sent for placement in an outside resource, almost one in four was thought to be emotionally disturbed and placed in an institution for this kind of child. Training schools and related types of resources for children with behavioural

TABLE 3.7

DISPOSITION OF CHILDREN FROM RECEPTION-ASSESSMENT RESOURCE (IN PERCENTAGE)

		Specific disposition	All
Discharged back home ----		36.0	36.0
	N	102	
Discharged to C.A.S. placement resource ----			37.5
Regular foster home		49.1	
Specialized foster home		0.9	
Regular group home		17.0	
Hostel		0.9	
C.A.S. institution		29.2	
Adoptive home		2.8	
	N	106	
Discharged to outside placement resource ----			26.5
Institution for emotionally disturbed children		74.7	
Institution for children with behavioural problems		22.7	
Institution for mentally retarded children		2.7	
	N	75	
	Total N		283

problems were not used very often: only 17 or 22.7% of the 75 children placed outside of the Agency ended up in such institutions (5.7% of the total group). This low proportion perhaps was encouraging from a practice point of view because it, in a way, indicated that we were successful in keeping most of our "problem" children out of training school placement, which is a revolving door in solving a child's behavioural problems. Since there was no way to identify a specialized foster home from a regular foster home other than by comparing the boarding rates, it is doubtful whether or not all the specialized foster homes used had in fact been identified. The 0.9% seemed to be a rather low figure for the kinds of children we had in the sample. On the other hand, the infrequent use of hostels and adoptive homes of the Agency, and of outside institutions for mentally retarded children is obvious and explainable due to the characteristics of children we had in the reception-assessment resource.

Information on the choice of placement resource was not as difficult to obtain as that on the choice of reception-assessment resource. Of the 183 children who were placed, only 23 or 12.6% did not have information on the choice of placement resource. And of the 160 children who were placed and the choice of placement resource for whom was known, 92.5% got the placement resources considered the best for them. This high proportion was both surprising and encouraging but explainable. After a child had been in care for a considerable length of time, a plan usually was formed which included recommendations of a placement resource upon his discharge from the reception-assessment facility. Besides, correspondence with outside institutions usually gave excellent leads to answering the illusive question of choice.

If replacement of a child could serve as an indication of the Agency's failure to "match" the needs of a child and the offer of a placement resource, our workers appeared to be performing well in most of the cases, as only about one in five (21.9%) children had to be replaced as of the time of study.* Table 3.8 describes the reasons for replacement, and it can be seen that in about half of the instances, inability of the placement resource to cope or meet with the child's problems or needs was cited as the reason, followed closely by the belief that replacement would benefit the child more**. Replacement under the first reason may therefore be said to be due to the inaccurate judgement of our workers, and replacement under the last reason revealed the concern of our workers for our children in terms of finding continuously the best placement resource for them.

"Total length of time child in C.A.S. resource" turned out to be a variable never used in later analyses because of the use of August 31, 1971 as the cut-off date. Besides, only length of time a

TABLE 3.8

REASON FOR REPLACEMENT (IN PERCENTAGE)

	All
Due to inability of placement resource to cope or meet with child's special problems or needs	52.5
Due to changes within the placement resource (e.g., failing health of foster parent, foster parent on holiday).	5.0
Due to necessary transfer of child (e.g., availability of placement resource long waited for, better placement resource due to change of child's needs.	42.5
N	40

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* A more accurate description of the rate of placement could be possible only when the children were followed through their total journey in care. The use of August 31, 1971 as a cut-off point was reluctant yet remained the only way to define the sample; this undoubtedly had lowered the replacement rate somewhat.

** Please note that reluctance or lack of choice was implied in the former reason, whereas choice or willingness was crucial in the latter.

child spent in a C.A.S. resource was counted because it was reasoned that as long as a child was not in a C.A.S. resource, he could be considered as having been discharged from care and his bed-space could be taken up immediately by another child. Therefore, the time a child spent in an outside placement resource was not counted although technically he could still be under the care of this Agency. Because the selection of these two criteria* significantly lowered the actual length of time a child was in care, the information obtained for this variable had limited meaning and therefore was subsequently not used. The deletion of this variable had no effect on the analyses because it was a second-order variable and it never was the original intention in this study, using this design, to describe the total length of time a child was in the Agency's care. We were far more interested in his duration of care in the reception-assessment resource. Anyway, defining "total length of time child in C.A.S. resource" as such, the number of days ranged from 8 to 1187 with a median of 130.

With regard to the Agency's plans for the 75 children who were still in a C.A.S. resource as of August 31, 1971, information could be obtained on 74 children. Two-thirds (67.6%) of this group were to stay with the Agency for good and not to be returned back to their parents. Another 23% were to go home eventually but the date was uncertain. Only 7 children or 9.5% of this group were to be returned back to their parents/guardian shortly and arrangements to return them were being made.

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* The selection of these two criteria was dictated by the situation in which the sample was drawn and by unavailability of information. A study with a different design would be needed to study total duration of care of a child.

It might be recalled that 98% of the children were non-wards upon admission direct from the community, but this percentage-figure dropped to 61.1% at the time they were discharged from the reception-assessment resource.* The percentage of Society-wards rose to 32.6 and that of Crown-wards to 6.3%. These figures together suggest that wardship was applied for almost two in five children five years old and over, although the application for Crown Wardship on this age-group was rather uncommon. Our Court Services would appear to be quite busy due to the amount of preparations that had to go into wardship application and termination, and our social workers could also be quite tied up in bringing about 39% of their cases to Court. Of course, the situation is different in every district, and the proportion of court-cases varies from district to district; the above percentage figure would at best represent the average in the total Agency.

H. Summary----

This chapter presented the data in their basic form. The majority of the children studied came from the C. B., and due to the influence of the A.G.H. population, about three-quarters (74%) of the children were pre-adolescents. Temporary family problem, child's problem and permanent family problem,together constituted 97% of all the reasons for admission, and individually constituted 43%, 33% and 21% respectively of the admission reasons. As expected, almost all of the children were non-wards on admission, which was mainly carried out on an emergency basis.

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* Twelve children, who were still in the reception-assessment resource as of August 31, 1971, were deleted from the calculation.

Comparison of the sample with the study population revealed that the R. C. sub-sample was drawn very representatively as far as the age-group was concerned. The inclusion of 14 teen-agers in the A.G.H. sub-sample suggested that the A.G.H. would flexibly admit children outside the age-brackets specified for its operation. In all, the ratio of boys to girls in the total sample was roughly 3 to 2 and almost one child in ten was non-White. Our children appeared to come mainly from medium-sized families with two to five children under 16 years old.

The overall picture of intelligence of the sample was not impressive and, in fact, their intelligence fell short of normal expectation although few (4.6%) could be classified as mentally defective. On the whole, they seemed to be rather healthy with more than 75% problem-free. However, only 16% of our children did not exhibit behavioural problems, and only 41% did not show emotional problems. Of those who had behavioural and/or emotional problems, most displayed complexes in these areas.

About half of our children failed to establish meaningful relationships with their peers, workers and guardians, although 73% could maintain meaningful relationship with their siblings. It appeared that a sizable number of our children could be hard to handle because 23.6% of them had been in conflicts with the Law.

71.7% of the total sample had never been admitted into care before. Regular foster homes were used most often (63%) by those who were in care before. One-quarter of those in care before had replacement experiences.

As expected, more than half (55%) of our children were from one-parent families. Poor economic condition characterized 63% of the families, and 43% of the guardians were classified as "unable" to care for their children adequately. Admission appeared to be more a family than individual phenomenon because only 29.5% of the children, who had siblings, did not have their siblings admitted into C.A.S. care as well at one time or another. Slightly more than half of the guardians were reported to be co-operative and workable.

In 44% of the instances, we made use of outside professional personnel, in addition to ours, to assess our children. Although contact was allowed when the child was in care in the R. C. or A.G.H., only three-quarters of the guardians made use of this privilege. With regard to duration of care, the average number of days a child spent in the reception-assessment resource was 85.5 although the longest time was about 2-1/3 years. The two most commonly cited reasons for staying more than two months appeared to be incompletion of assessment and waiting for a space in a placement resource -- 42% each. Before they were discharged from the reception-assessment resource, three-quarters were assessed, i.e., had at least a psychological examination.

There were roughly equal numbers of children who were discharged back home and who were placed in a C.A.S. resource. In the latter, foster homes were used half of the time. Institutions for emotionally disturbed children were the most commonly used outside placement resources. Interesting but explainable was that in over nine in ten cases which involved placement our workers were able to secure the best resources for our children; there was also indication that, in some instances where the best resources could not be obtained in the beginning, our workers would continue their efforts to search for better placement resources for our children. The replacement rate was 21.9% for those who were placed after discharge from the reception-assessment resource.

In nearly all instances, a plan had been formed for those who were still in C.A.S. resources on the cut-off date of the study. Two-thirds of these children were to be in long-term care with the Agency and not to be returned to their guardians. At the same time, the proportion of temporary and permanent wards had risen to 39% from the initial 2%.

CHAPTER IV

ADMISSION

In Chapter II, diagram 2.1 described the three stages of movement of children in care ---- admission, assessment, and disposition. In each of these three stages, the problems of a child and availability of space tended to be the dominating forces that dictated the movement of him and the nature of assessment he would receive. At the same time, the influence of other factors was also important. This and the following chapters will try to describe two things: movement of children in care, and differences in mode of operation. Since the main purpose in these chapters is to reveal operational problems, the analyses will shed light on needs in planning.

A. Differences in the Characteristics of Children in R.C. and A.G.H.----

It was noted in Chapter III that since the C.B. had 69.9% of the cases in the entire sample and since the A.G.H. had a rather low accommodation rate, it was suspected that a good proportion of the C.B. cases must have ended up in the R.C. which is geographically close to the C.B. As table 4.1 shows, it was indeed the case for the C.B. because 78.4% of the 199 R.C. cases were from the C.B. When the modes of

TABLE 4.1

BRANCH CASES IN R.C. AND A.G.H. (IN PERCENTAGE)

	R.C.	A.G.H.	All
C.B.	78.4	52.0	69.7
E.B.	11.6	11.2	11.4
N.B.	7.5	14.3	9.8
W.B.	2.5	22.4	9.1
N	199	98	297

operation of the C.B. was compared with that of the W.B.,* it appeared that these two branches operated almost in the opposite way in terms of sending children who needed assessment to the reception-assessment resource. Table 4.2 shows that while the C.B. sent three-quarters of its children to the R.C. for assessment, the W.B., over the same period, sent only less than one-fifth to the R.C. and had most of their children assessed in the A.G.H. It appeared that the W.B. was self-sufficient to a certain extent in assessing their children. The geographical closeness of this Branch to Thistletown Hospital might help it quite a bit too in providing competent assessment for its children. Some people might think that the reason for the W.B. to send so few of its children to the R.C. for assessment was that they had far less problem children. But

TABLE 4.2

R.C. AND A.G.H. CASES BY BRANCH ---- C.B. AND W.B. ONLY
(IN PERCENTAGE)

	C.B.	W.B.
R.C.	75.4	18.5
A.G.H.	24.6	81.5
N	207	27

($p < 0.001$ (Corrected X^2))

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* Only these two branches could be compared validly because their A.G.H.'s had been in operation for quite a while and were in full operation throughout the time-period studied. The homes in the other two branches started their operation only rather recently---- the E.B. A.G.H. from June 1970; the first A.G.H. in the N.B. from November 1969 to November 1970, and the second N.B. A.G.H. from February 1971 ---- and therefore the A.G.H.'s in the four branches could not be compared with each other in terms of the number of children each home had. However, the characteristics of children in these four A.G.H.'s could be compared.

this argument failed to hold because, in the three principal problem-areas, the W.B. just had as high a proportion of children with serious physical/health, behavioural and emotional conditions as other branches, and there was no significant difference between the branches in getting children with serious problems. In fact, if we analyzed the cases which were classified as having overall bad condition, i.e., poor and very poor combined, we found that the W.B. had 71.4% of these cases placed in the A.G.H., compared to only 7.8% of the C.B. (See table 4.3). It therefore appeared that if this phenomenon was not due to a lack of space in the R.C., the W.B. must have its own way to cope with and assess their problem children; on the other hand, if this under-use of the R.C. by the W.B. was due to a lack of space in the R.C., then why was it not a big problem at all most of the time for the C.B. to use the R.C. to assess its children with equally serious problems and of the same age-range? In this respect, the mode of operation in these two branches seemed to be quite different.

TABLE 4.3

R.C. AND A.G.H. BY BRANCH —— OVERALL BAD CONDITION CASES IN C.B. AND W.B. ONLY (IN PERCENTAGE)

	C.B.	W.B.
R.C.	92.2	28.6
A.G.H.	7.8	71.4
N	102	14

($p < 0.001$ (Corrected X^2))

In Chapters I and II, it was stated that the R.C. was mainly for use by children with serious problems, and that the A.G.H. would admit children with less serious problems.* The following analyses will show the extent to which this was true. Let us first take a look at the relationship between the three major problem-areas and the reception-assessment resource.

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* The problem of availability of space will be tackled later in Section B in this chapter.

We were interested in knowing the extent to which a child's physical/health, behavioural and emotional problems dictated the kind of reception-assessment resource he would get. This is an important piece of information to have because knowing this relationship and the kinds of children coming into care, we might be able to plan for an increase or decrease of similar resources. Besides, knowledge of inappropriate placements presumably due to a lack of space in a desirable resource might indicate the extent to which such resources would be needed. Alternative approaches might have to be taken to provide necessary resources to cope with children with similar problems if it was recognized that the existing resources and mode of service-delivery were no longer effective in meeting the needs of our children; however, to plan for services requires solid knowledge, supplemented by practice experience.

Table 4.4 reveals that a child's physical/health condition had nothing to do with the type of reception-assessment resource he got. 67.3% of children with good physical/health condition were placed in the R.C. and almost the same proportion (66.2%) with bad physical/health condition were placed in the A.G.H. This suggests that perhaps the R.C.

TABLE 4.4

R.C. AND A.G.H. BY PHYSICAL/HEALTH CONDITION (IN PERCENTAGE)

	Good	Bad
R.C.	67.3	66.2
A.G.H.	32.7	33.8
N	223	74

(Not significant)

and A.G.H. were differentiated more on the basis of their ability to handle manifested behavioural and emotional disorders in children than children with medical problems. Table 4.5 shows that this was true in that as the degrees of severity of the child's behavioural and emotional problems increased, his chance of being sent to the R.C. also increased. As a result, 83.2% ($\frac{79.3+87.1}{2}$) of the children with bad behavioural condition, and 78.1% ($\frac{78.4+77.8}{2}$) with bad emotional condition, were sent to the R.C. for assessment.

TABLE 4.5

R.C. AND A.G.H. BY BEHAVIOURAL AND EMOTIONAL CONDITIONS (IN PERCENTAGE)

	Behavioural Condition				Emotional Condition		
	Good	Fair	Poor	V.Poor	Good	Fair	Poor
R.C.	40.3	60.3	79.3	87.1	56.3	78.4	77.8
A.G.H.	59.7	39.7	20.7	12.9	43.7	21.6	22.2
N	77	63	87	70	151	74	72
	($p < 0.001$)				($p < 0.001$)		

Some people might argue that since the A.G.H. had mostly pre-adolescents (see Chapter III), it could be due to the age of the child that the reception-assessment resource was selected for him, not so much due to his behavioural or emotional condition. This line of reasoning necessitated an examination of two extra relationship patterns: first, the association between age and problem condition of the child, and second, that between reception-assessment resource and problem condition removing the effect of age.

As expected, the older a child was, the worse was his behavioural condition, and this was found to be a statistically significant association ($X^2 = 21.3327$, d.f. = 3, $p < 0.001$). However, such positive association was clearly absent when the emotional condition of a child was tabulated against his age ($X^2 = 0.2855$, d.f. = 2, not significant). It was found that both adolescents (13 - 15 years old) and pre-adolescents (5 - 12 years old) tended to have equal proportions of "good", "fair", and "poor" emotional conditions; in other words, bad emotional condition was not present in teen-agers alone. These findings suggested that while bad behavioural condition was the result of a learning process which sped up in the teen-age years, emotional disorder was the result of the child's reaction to strained environment and this had little to do with the advance of teen-age. Since the emotional problem of a child might show up in his behaviour, or vice versa, we would expect a correlation between these two problem-areas. The Pearsonian product-moment correlation coefficient calculated for a child's emotional problem score and behavioural problem score was 0.3656 ($p < 0.001$, two-tailed test, and no missing value), and this tended to support the above assumption.

When the effect of age was controlled for, interesting results emerged. Table 4.6 shows that age had little to do with the selection of a reception-assessment resource for a child, but that his behavioural condition was most influential in this decision. Although the A.G.H. took in mainly pre-adolescents and that about 70% of the children in the entire sample were pre-adolescents, it appeared that most (76.9%) $\left(\frac{71.7+82.1}{2}\right)$ of the pre-adolescents with bad behavioural condition, compared to 47.8% $\left(\frac{33.3+62.3}{2}\right)$ of those with good behavioural condition, had ended up in the R.C. for assessment. The same was true with the adolescent group which had over 90% of its members with bad behavioural condition end up in the R.C. for assessment. However, these two tabulations together did reveal some difference in practice in sending children, with the same behavioural condition but from the two different age-groups, to the R.C. for assessment. Considering those with poor and very poor behavioural conditions in both age-groups, it can be easily seen that 76.9% $(\frac{71.7+82.1}{2})$ in the pre-adolescent group, compared to 92.4% $(\frac{91.2+93.5}{2})$ in the adolescent group, were sent to the R.C. This revealed that, given the same behavioural condition, a pre-adolescent had 15.5% less chance than an adolescent of being sent to the R.C. for assessment. This observation was further supported by the data when we considered the good and fair conditions in both age-groups. This time, it was 47.8% in the pre-adolescent group compared to 60.7% in the adolescent group who were sent to the R.C. for assessment —— a

TABLE 4.6

R.C. AND A.G.H. BY BEHAVIOURAL CONDITION, CONTROLLING FOR AGE (IN PERCENTAGE)

	5 - 12				13 - 15			
	Good	Fair	Poor	V.Poor	Good	Fair	Poor	V.Poor
R.C.	33.3	62.3	71.7	82.1	71.4	50.0	91.2	93.5
A.G.H.	66.7	37.7	28.3	17.9	28.6	50.0	8.8	6.5
N	63	53	53	39	14	10	34	31
	$(p < 0.001)$ (Cramer's V = 0.3772)*				$(p < 0.01)$ (Cramer's V = 0.3943)			

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* Cramer's V is a variant of phi for tables larger than two-by-two. Both phi and Cramer's V measure the extent of mutual association in the table, and both have values in the range of 0 to 1 where 0 means no relationship between the two variables, and 1 means the relationship between the two variables is perfect.

difference of 12.9%. This difference was probably, in part at least, due to the fact that the R.C. was supposed to admit all adolescents and that no adelescents should theoretically be sent to the A.G.H. But, in any way, the child's behavioural condition appeared to be the paramount factor to consider in the choice of a reception-assessment resource for him, especially when he was a pre-adolescent: the worse his behaviour was, the more likely he was sent to the R.C.

Earlier, it was found that there was no association between the age of a child and his emotional condition. However, we found at the same time that the worse a child's emotional condition was, the more likely he was sent to the R.C. for assessment ---- see table 4.5. One therefore would wonder to what extent this latter association was true when the effect of age was removed. Table 4.7 shows the truer association pattern when the effect of age was controlled for. It can be seen that in the pre-adolescent group, those with bad emotional condition were more likely sent to the R.C. for assessment than those with good emotional condition, and this was found to be a statistically significant relationship. However, in the teen-age group, no such relationship existed: it was equally likely for adolescents with good or bad emotional condition to go

TABLE 4.7

R.C. AND A.G.H. BY EMOTIONAL CONDITION, CONTROLLING FOR AGE (IN PERCENTAGE)

	5 - 12			13 - 15		
	Good	Fair	Poor	Good	Fair	Poor
R.C.	44.9	78.0	72.5	84.1	79.2	90.5
A.G.H.	55.1	22.0	27.5	15.9	20.8	9.5
N	107	50	51	44	24	21
	$(p < 0.001)$ (Cramer's V = 0.3119)			(not significant) (Cramer's V = 0.1103)		

to the R.C. for assessment. When children with good emotional condition from the two age-groups were compared, it was found that adolescents were 39.2% (84.1 - 44.9) more likely than pre-adolescents to go to the R.C. This difference was greatly reduced to 9.6% $\left(\frac{79.2 + 90.5}{2} - \frac{78.0 + 72.5}{2}\right)$ when children with bad emotional condition from both age-groups were compared. This drop in percentage meant that even if an adolescent was emotionally stable, he was far more likely than a pre-adolescent to go to the R.C.; on the other hand, this likelihood was greatly reduced when children with bad emotional condition was considered ---- children from both age-groups had more or less the same chance of being sent to the R.C. for assessment although adolescents were still 9.6% more likely than pre-adolescents to go to the R.C. This persisting difference, again, was probably, at least in part, due to the fact that all adolescents were supposed to be absorbed by the R.C.

The overall impression gained thus far, with regard to the influence of a child's condition in the three major problem-areas on the selection of a reception-assessment resource, was that a child's behavioural condition appeared to be the single most important factor among the three considered by the worker. (The Cramer's V values shed further light on this.) The physical/health condition of a child had nothing to do at all with the kind of reception-assessment resource he would get. The emotional condition of a child appeared to be an important factor too but this was true only in the pre-adolescent group. Age tended to exert a subtle influence throughout in that, in any given problem-condition, adolescents were much more likely than pre-adolescents to go to the R.C. ---- this pattern was partly due to the age-quota associated with the two types of reception-assessment resources. It was also found that the emotional condition of a child was significantly and positively related to his behavioural condition, i.e., a child with a high emotional score tended to have a high behavioural score as well; and if he had a low emotional score, his behaviour score tended to be low too. Because of the findings above, it therefore would be desirable to examine the relationship between reception-assessment resource a child had and his combined behavioural and emotional condition. Based on the results from the above analyses, one might expect that children with bad behavioural and emotional condition were most likely sent to the R.C. for assessment, followed by those with bad behavioural but good emotional condition, then by those with good behavioural but bad emotional condition, and lastly by those with good condition in both areas. Table 4.8 reveals two important relationship patterns. Firstly, the children who most likely went to the R.C. were those with bad condition in both behaviour and emotion (84.0%), followed very closely by those with bad behaviour but good emotion (80.7%); children with bad emotion only had a 65.2% chance of going to the R.C., and those with good condition in both problem-areas were least likely sent to the R.C. for assessment upon admission. This relationship pattern thus confirmed our

TABLE 4.8

R.C. AND A.G.H. BY COMBINED BEHAVIOURAL AND EMOTIONAL CONDITION* (IN PERCENTAGE)

	Bad Bad	Bad Good	Good Bad	Good (Behav.) Good (Emot.)
R.C.	84.0	80.7	65.2	41.5
A.G.H.	16.0	19.3	34.8	58.5
N	100	57	46	94

($p < 0.001$)

---

* Chapter III described how the problem-condition scale used in this and similar tables was developed. In this table, physical/health condition was not included because it had no influence on the selection of a reception-assessment resource for the child.

expectation above. Secondly, the behavioural condition of a child was the single most important variable in influencing the type of reception-assessment resource he would likely get ---- 15.5% (80.7 - 65.2) more important than his emotional condition. In the "bad behaviour" category, we can see that although the child's bad emotional condition would enhance his chance of being sent to the R.C., this additional influence appeared to be very slight and insignificant ---- only 3.3% (84.0 - 80.7) more chance. This second relationship pattern therefore once again confirmed and rendered more support to our original findings that a child's behavioural condition had an independent and very important effect on the selection of a reception-assessment resource for him.

Having considered the influence of these three major problem-areas on the selection of a reception-assessment resource for a child ---- indeed, it was a surprise to learn that a child's physical/health problem was unimportant at all in this selection process, contrary to popular belief ---- we should as well examine the impact of the other variables on this selection phenomenon. Only those variables of logical relationship with the placement of him will be selected for analysis.

The use of admission reasons to predict outcome ---- notably duration of care ---- appears to be a logical attempt because such a prediction could give us a quick estimation of the amount of work and planning involved in the case, without knowing in detail the case-characteristics, whose general nature is usually implied in the reason for the child's admission. If research findings are consistent under different circumstances, both the worker and administrator could be more certain in their work and the amount of guess-work could be reduced. If, however, findings are inconsistent and vary from situation to situation, doubts should be cast on the predictive power of admission reasons, and other variables, which have cogency to predict outcomes and and which can be identified readily at the child's admission or at the opening of a case, should be explored for, in order to enable us bring the case or situation quickly under better predictive control. In this study, an attempt was made to evaluate the relationships of a child's admission-reason with the selection of a reception-assessment resource for him, with his duration of care in the reception-assessment resource, and with his disposition pattern from the reception-assessment resource. Such analyses would give us ideas as to how practical it would be to use admission data in planning.*

Table 4.9 shows that the admission reason did, to a statistically significant extent, influence the kind of reception-assessment resource a child would get. While there appeared to be little difference in the proportions of children, whose reasons for admission were "temporary family problem", "permanent family problem" and "other", in the R.C. and A.G.H.

TABLE 4.9

R.C. AND A.G.H. BY ADMISSION REASON (IN PERCENTAGE)

	Temporary Fam. Prob.	Permanent Fam. Prob.	Child's Prob.	Other
R.C.	57.5	60.3	83.7	66.7
A.G.H.	42.5	39.7	16.3	33.3
N	127	63	98	9

($p < 0.001$)

---

* Two things should be noted here. Firstly, inherent in this statement was the assumption that admission reasons or reasons for the opening of cases were coded by the social workers in a consistent manner. Secondly, to evaluate the exact predictive power of admission reasons or reasons for the opening of cases, more studies would be required and deviant-case analysis desirable.

---- the difference between the two extreme percentage-figures was only 9.2% (66.7 - 57.5) ---- most (83.7%) children admitted into care because of their own problems were sent to the R.C. for assessment. In other words, children with "child's problem" as their reason for admission were 26.2% (83.7 - 57.7) more likely than those with "temporary family problem", 23.4% (83.7 - 60.3) more likely than those with "permanent family problem", and 17.0% (83.7 - 66.7) more likely than those with "other", to be sent to the R.C. for assessment upon admission. Although this relationship statistically diminished in the adolescent group (13 to 15 years old)---- suggesting that regardless of admission reasons, adolescents were much more likely to go to the R.C. because of the age-quota associated with the R.C. ---- more or less the same relationship persisted in the pre-adolescent group (5 to 12 years old) (see table 4.10). This table shows

TABLE 4.10

R.C. AND A.G.H. BY ADMISSION REASON, CONTROLLING FOR AGE (IN PERCENTAGE)

	5 - 12				13 - 15			
	Temp. Fam. Prob.	Perm. Fam. Prob.	Child's Prob.	Other	Temp. Fam. Prob.	Perm. Fam. Prob.	Child's Prob.	Other
R.C.	51.5	51.2	78.9	80.0	83.3	80.0	90.2	50.0
A.G.H.	48.5	48.8	21.1	20.0	16.7	20.0	9.8	50.0
N	103	43	57	5	24	20	41	4

($p < 0.01$) (Not significant)

that pre-adolescents with "child's problem" as their reason for admission were about 28% more likely than children admitted under the other two categories of reasons ---- "other" had too few cases to be considered validly in both age-groups ---- to be sent to the R.C. for assessment. Together, these findings pointed to one thing: among the different categories of admission reasons, "child's problem" stood out most distinctly in its ability to predict the kind of reception-assessment facility selected for the child, and this was especially true with the pre-adolescent group. However, in general, admission reasons alone were less powerful than a child's behavioural and emotional condition in predicting the initial placement resource selected for him ---- compare tables 4.6 and 4.7 with table 4.10 ---- although certain idea regarding this association could be obtained with a minimal amount of admission information. A plausible explanation of this limited predictive power inherent in the admission reason was that a child's admission reason did not always automatically indicate or imply his degree of "problem". Table 4.11 shows that only 53.8% ($\frac{55.0 + 52.6}{2}$) of a child's bad behavioural condition was "picked up" in his admission reason (i.e., "child's problem"). In other words, children admitted into care for reasons other than "child's problem" would not necessary be without behavioural and emotional problems; in fact, almost half of these children had bad behavioural condition. It therefore appeared that our workers did not place a child only on the basis of his admission reason; the child's behavioural and emotional condition was carefully considered, especially

TABLE 4.11

ADMISSION REASON BY COMBINED BEHAVIOURAL AND EMOTIONAL CONDITION (IN PERCENTAGE)

	Bad	Bad	Good	Good	(Behav.)	
	Bad	Good	Bad	Good	(Emot.)	All
Temp. fam. prob.	27.0	31.6	47.8	63.8		42.8
Perm. fam. prob.	15.0	12.3	32.6	27.7		21.2
Child's prob.	55.0	52.6	17.4	5.3		33.0
Other	3.0	3.5	2.2	3.2		3.0
N	100	57	46	94		297

($p < 0.001$)

if the child involved was a pre-adolescent.

Since both the R.C. and A.G.H. were supposed to admit children into care at any given time, we should not expect a difference in the proportions of emergency admissions in the two resource-types: this was found to be indeed the case ($X^2 = 0.03563$, d.f. = 1, not significant). The sex of a child, his ethnic background, his I.Q. range and his school-learning problem were also found to have no relationship at all with the kind of reception-assessment resource he would get. Perhaps these factors were far less important than the child's manifested problems in influencing the selection of such a resource.

When we looked at the child's social relationship pattern, some interesting findings were obtained. While the child's relationship with his siblings appeared totally unrelated with the type of reception-assessment resource he would get ($X^2 = 0.28033$, d.f. = 1, not significant), his relationships with his guardian, his social worker and his peers were all significantly related with the selection phenomenon. Table 4.12 shows that, in all the three tables, over three-quarters of the children who had

TABLE 4.12

R.C. AND A.G.H. BY CHILD'S RELATIONSHIP WITH HIS GUARDIAN, WORKER, AND PEERS (IN PERCENTAGE)

	Child-guardian		Child-worker		child-peer	
	Positive	Negative	Positive	Negative	Positive	Negative
R.C.	56.5	75.0	60.1	81.1	54.6	78.2
A.G.H.	43.5	25.0	39.9	18.9	45.4	21.8
N	124	168	143	132	141	147
	($p < 0.01$)		($p < 0.001$)		($p < 0.001$)	
	(phi = 0.18779)		(phi = 0.22052)		(phi = 0.24312)	
	(C = 0.18457)*		(C = 0.21535)		(C = 0.23624)	

* C stands for the Pearson's contingency coefficient. For two-by-two tables, its values range from 0 to 0.707, but the upper limit changes as the table-size increases. Therefore, it should only be used to compare tables having the same dimensions.

negative social relationship ended up in the R.C. ---- 75.0% versus 25.0%, 81.1% versus 18.9%, and 78.2% versus 21.8%. Since there is a good reason to suspect that the age of a child could have a subtle influence on the selection of a resource, as it had been shown before, it appeared that it would be desirable to examine the relationship anew with the effect of age removed. Table 4.13 shows once again that the influence of child-sibling relationship had nothing to do with the selection outcome: it was true in both age-groups. In both age-groups, children with positive relationship with their siblings were just as likely as those with negative relationship to go to the R.C. or A.G.H. The 21.8% (83.3 - 61.5) difference in the adolescent group might well be due to random error or chance factor, and further implied that child-sibling relationship had no cogency in predicting the selection of a resource for the child.

TABLE 4.13

R.C. AND A.G.H. BY CHILD-SIBLING RELATIONSHIP, CONTROLLING FOR AGE (IN PERCENTAGE)

	5 - 12		13 - 15	
	Positive	Negative	Positive	Negative
R.C.	51.0	51.4	83.3	61.5
A.G.H.	49.0	48.6	16.7	38.5
N	98	37	36	13
	(Not significant)		(Not significant)	

TABLE 4.14

R.C. AND A.G.H. BY CHILD-GUARDIAN RELATIONSHIP, CONTROLLING FOR AGE (IN PERCENTAGE)

	5 - 12		13 - 15	
	Positive	Negative	Positive	Negative
R.C.	48.5	71.0	95.2	80.9
A.G.H.	51.5	29.0	4.8	19.1
N	103	100	21	68
	($p < 0.01$)		(Not significant)	

TABLE 4.15

R.C. AND A.G.H. BY CHILD-WORKER RELATIONSHIP, CONTROLLING FOR AGE (IN PERCENTAGE)

	5 - 12		13 - 15	
	Positive	Negative	Positive	Negative
R.C.	55.0	77.2	78.1	86.8
A.G.H.	45.0	22.8	21.9	13.2
N	111	79	32	53
	($p < 0.01$)		(Not significant)	

TABLE 4.16

R.C. AND A.G.H. BY CHILD-PEER RELATIONSHIP, CONTROLLING FOR AGE (IN PERCENTAGE)

	5 - 12		13 - 15	
	Positive	Negative	Positive	Negative
R.C.	47.7	73.2	76.5	88.0
A.G.H.	52.3	26.8	23.5	12.0
N	107	97	34	50
	($p < 0.001$)		(Not significant)	

Table 4.14 showed that a pre-adolescent who failed to establish a positive or meaningful relationship with his guardian was much more likely than one with positive relationship with the guardian to be sent to the R.C. ---- 71% versus 48.5%. However, in the adolescent group, th

association was just the opposite although not statistically significant: this time, it was the adolescent with good relationship with his guardian who was more likely sent to the R.C. ---- 95.2% versus 80.9%. This latter association pattern appeared to be due to chance and we may conclude that child-guardian relationship was not related at all to the selection of a reception-assessment resource for an adolescent, although there was evidence that it had certain weight on the selection phenomenon when the child was a pre-adolescent.

Tables 4.15 and 4.16 more or less indicated the same pattern. In the pre-adolescent group, in either table, negative child-worker or child-peer relationship more likely resulted in the child being sent to the R.C. ---- 77.2% in table 4.15 and 73.2% in table 4.16. In the adolescent group, in either table again, there was a similar trend despite the insignificant pattern. We can say child-worker relationship and child-peer relationship appeared to be the two most influential factors, among all the four, in the selection phenomenon, and there was some evidence that the influence of these two factors tended to be independent of age to some extent. But throughout, the subtle influence of age had been important showing that an adolescent, under any given condition, was far more likely sent to the R.C. than A.G.H. By now, it perhaps is clear to the reader why the effect of age and other variables had to be removed each time we wanted to determine the actual relationship between two variables.

It had thus been shown that a child's relationship with his family members was not as important as his relationship with people outside his family circle in influencing the selection of a reception-assessment resource for him. Our findings tended to support the claim that the R.C. was more often used to handle "difficult" children, in the sense that those who were unable to get along with people were to be absorbed by the

R.C. which had a corps of resident child care workers trained to handle and assess them. It also appeared that such practice was rather consistently carried out in the Agency. Since there is every good reason to suspect that sociability is a phenomenon ---- i.e., if a child gets along well with his siblings, he may have no problem getting along with other people, and vice versa ---- we therefore wished to look at the extent to which this is true. A knowledge of this would be important because child welfare or social work operates on the principle of trust and co-operation; if a child does not trust or listen to his social worker, little can be done to help him no matter how good the worker is. In other words, we were interested in knowing how he would likely get along with people given knowledge of one aspect of his relationship pattern; moreover, we would like to predict workability based on knowledge of his social relationship with other people.

TABLE 4.17

TETRACHORIC CORRELATION MATRIX* SHOWING CHILD'S SOCIAL RELATIONSHIP PATTERN

	Child-sibling	Child-Guardian	Child-worker
Child-guardian	0.52		
Child-worker	0.43	0.44	
Child-peer	0.57	0.39	0.85

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* Although the same cosine formula was used in calculating these coefficients and those in Appendix "L", some of the values obtained were slightly different. This is because the cases and procedures used were different in the two calculations. While no transformation of the data was done on the 297 cases ---- of course, missing values were deleted ---- in the present calculation, the matrix presented in Appendix "L" represented results obtained using 204 selected cases whose data had been transformed. As such, the coefficients presently calculated were less reliable.

Table 4.17 describes a child's social relationship structure. Needless to say, all the correlation coefficients and associated phi-values calculated were statistically significant at the one-per cent level or better. The absence of negative signs in front of these correlation coefficients revealed that our assumption was supported ---- in all cases, if a child had positive relationship with a person, he also tended to have positive relationships with other people, and vice versa. But the strength of this correlation or mutual association varied, depending on who the persons were. For example, if a child had a good relationship with his siblings, we may expect that he would 27.04% (i.e., 0.52 x 0.52 x 100) of the time* have good relationship with his guardian too; put it in other words, 27.04% of the child-guardian relationship could be predicted from the child-sibling relationship. However, knowing a child's relationship with his siblings would only enable us to predict that 18.5% (i.e., 0.43 x 0.43 x 100) of the time he would have a similar relationship with his worker. Similarly, a child's relationship with other people could be predicted having knowledge of one aspect of his relationship pattern.

As it can be seen, child-worker relationship correlated most highly with child-peer relationship (0.85). It means that we could best predict a child's working relationship with his social worker by knowing his relationship with his peers. 72.3% (i.e., 0.85 x 0.85 x 100) of the time we could predict whether he would co-operate with and trust his worker. This was an encouragingly high correlation, and the correlation coefficient obtained for the same variables in Appendix "L" was almost identical (0.86) meaning that this correlation coefficient appeared to be quite reliable. To understand more about this particular relationship, see Table 4.18, which shows that most(85.9%) of the children who had a positive relationship with their peers also had a positive relationship with their workers. On the other hand, most (78.7%) of the children who had a negative relationship with their peers also tended to have a similarly negative relationship with their workers. This association pattern thus produced a high correlation coefficient of 0.85, which stood out most distinctly among the others in its ability to predict workability of a child. Although the other correlation coefficients were statistically significant too, their power to predict was rather limited due to the small coefficient-values obtained.

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* Such a prediction requires that the correlation coefficient used be a close approximation of the Pearsonian one; hence, the tetrachoric correlation coefficient was calculated.

TABLE 4.18

CHILD-WORKER RELATIONSHIP BY CHILD-PEER RELATIONSHIP (IN PERCENTAGE)

		Child-peer relationship		
		Positive	Negative	All
Child-worker relationship	Positive	85.9	21.3	52.0
	Negative	14.1	78.7	48.0
	N	128	141	269

($p < 0.001$)

But looking at the association between a child's social relationship pattern without at the same time considering his behavioural and emotional condition would not be complete, since a child's ability to get along with people has a lot to do with his personal functioning in these two areas. We would not expect a child who is "disturbed" to establish good interpersonal relationships with people. Appendix "L" tells us that a child's behavioural and emotional condition was indeed somewhat related positively to his social relationship pattern (see table 4.19, which summarizes this relationship). As it can easily be seen, in general, a child's social relationship pattern in these three areas was more closely and positively related to his behavioural condition than his emotional condition, i.e., if a child had good relationship with his guardian, worker or peers, we would have more confidence in saying that he would likely have good behavioural condition than in saying that his emotional condition would likely be good. But what did these correlations tell us regarding the admission of children into the Agency's reception-assessment resource? Let us now turn to tables 4.20 and 4.21, which describe respectively the association between the reception-assessment resource selected for the child and child-worker relationship, and that between the reception-assessment resource selected for him and child-peer relationship, when the child's behavioural and emotional condition was held constant. Only these two relationship patterns of the child were examined because it had been shown that they were the two most important factors among all the four considered.

TABLE 4.19

TETRACHORIC CORRELATION BETWEEN SOCIAL RELATIONSHIP PATTERN AND BEHAVIOURAL, EMOTIONAL CONDITION OF A CHILD (TAKEN FROM APPENDIX "L")

	Behav. Condition	Emot. Condition
Child-guardian relat.	0.52	0.43
Child-worker relat.	0.66	0.34
Child-peer relat.	0.72	0.33

TABLE 4.20

R.C. AND A.G.H. BY CHILD-WORKER RELATIONSHIP, CONTROLLING FOR COMBINED BEHAVIOURAL AND EMOTIONAL CONDITION (IN PERCENTAGE)

	Bad Bad		Bad Good		Good Bad		Good (Behav.) Good (Emot.)	
	+ve	-ve	+ve	-ve	+ve	-ve	+ve	-ve
R.C.	72.0	87.7	93.8	96.7	62.2	41.2	46.2	58.3
A.G.H.	28.0	12.3	6.2	3.3	37.8	58.8	53.8	41.7
N	25	73	16	30	37	17	65	12
	(Not significant)		(Not sig.)		(Not sig.)		(Not sig.)	

TABLE 4.21

R.C. AND A.G.H. BY CHILD-PEER RELATIONSHIP, CONTROLLING FOR COMBINED BEHAVIOURAL AND EMOTIONAL CONDITION (IN PERCENTAGE)

	Bad Bad		Bad Good		Good Bad		Good (Behav.) Good (Emot.)	
	+ve	-ve	+ve	-ve	+ve	-ve	+ve	-ve
R.C.	83.3	83.5	100.0	93.3	61.1	42.1	33.8	68.4
A.G.H.	16.7	16.5	0.0	6.7	38.9	57.9	66.2	31.6
N	18	79	16	30	36	19	71	19
	(Not significant)		(Not sig.)		(Not sig.)		($p < 0.01$)	

We all remember that a child's relationship with his worker and his relationship with his peers were significantly related to the kind of reception-assessment resource chosen for him ---- see table 4.12. We found that if a child could not get along with his worker or with his peers, he had a much higher chance of being sent to the R.C. for assessment. We further found that this placement pattern still held to a certain extent even when the effect of age was removed ---- see tables 4.15 and 4.16.

But since we also found that a child's social relationship pattern was closely related to his behavioural and emotional condition ---- see table 4.19 ---- and that a child's behavioural and emotional condition was very significantly related to the resource selected ---- see tables 4.6 and 4.7 and other related tables ---- we therefore should consider again the impact of a child's social relationship pattern on the selection of resource, holding constant his behavioural and emotional condition. The whole purpose of doing this was to evaluate the actual importance of a child's ability to get along with people in the resource-selection phenomenon, i.e., to determine to what extent the selection of a reception-assessment resource was due to his sociability, and not to his behavioural and emotional condition. This should, in turn, give us ideas as to which relationship pattern ---- child-worker or child-peer relationship ---- had a greater impact on the selection of resource for him. Table 4.20 reveals that the selection of resource had actually little to do with the child's relationship with his worker, and that the selection was totally dependent on the child's behavioural and emotional condition. Regardless of how the child got along with his worker, as long as his behavioural condition was bad, 87.6% $(\frac{72.0 + 87.7 + 93.8 + 96.7}{4})$ of the time he would likely be sent to the R.C. (Of course, age had something to do with the choice of a resource too, as we have shown.) Also, regardless of how the child got along with his worker, if the child had good behavioural condition, 52.0% $(\frac{62.2 + 41.2 + 46.2 + 58.3}{4})$ of the time he would likely be sent to the R.C. There was also evidence that if negative child-worker relationship was accompanied by bad behavioural condition, a child had 9.3% $(\frac{87.7 + 96.7}{2} - \frac{72.0 + 93.8}{2})$ more chance than his counterpart with bad behavioural condition but positive child-worker relationship to go to the R.C.; but this was not a substantially significant relationship

($X^2 = 2.587$, d.f. = 1, not significant). Based on table 4.20, one can conclude that the selection of a reception-assessment resource for a child had little to do with his ability to get along with his worker but was due wholly to his behavioural condition. (Note that in this case, the emotional condition of a child had only "random" influence on the selection phenomenon.)

Table 4.21 shows results somewhat different from table 4.20. It reveals that although the placement of a child in the R.C. or A.G.H. tended to be very much dependent on his behavioural and emotional condition, the child's relationship with his peers also exerted certain significant influence. We can see that as long as the child had bad behavioural or emotional condition (or a combination of bad behavioural and emotional condition), he was very likely to be sent to the R.C. for assessment ---- 77.2% $\frac{(83.3 + 83.5 + 100.0 + 93.3 + 61.1 + 42.1)}{6}$ of the time on the average ---- regardless of his relationship with his peers. But if the child had good behavioural and emotional condition, the story was different. Under this condition, if he had negative relationship with his peers, his chance of being sent to the R.C. was 34.6% (68.4 - 33.8) more than that of his counterpart who had positive relationship with his peers. This finding meant that although the importance of child-peer relationship in the selection of a resource was overshadowed by the presence of bad behavioural and/or emotional condition, child-peer relationship did appear to have certain amount of influence by itself when bad behavioural and emotional condition was absent in the child, and its impact was greater than that of child-worker relationship on the selection phenomenon. In other words, it seemed to be that the worker, in placing a child in the reception-assessment resource, would first look for any behavioural and/or emotional disorder in the child; if he failed to detect any, he would look for any sign of a negative child-peer relationship, and the presence or absence of negative signs helped, in part, the worker to choose the R.C. or A.G.H.

Another variable which was found to be related to the selection of a reception-assessment resource was "police record". Table 4.22 shows that almost in all cases (92.9%), as long as a child had conflicts with the Law, he was sent to the R.C. Age did not appear to be a determining factor in this case (see table 4.23). We can see that in both pre-adolescent and adolescent group, the pattern in table 4.22 was repeated. In the pre-adolescent group, 88% of those children who were sent to the R.C. had a

TABLE 4.22

R.C. AND A.G.H. BY POLICE RECORD (IN PERCENTAGE)

	Had Record	No Record
R.C.	92.9	59.0
A.G.H.	7.1	41.0
N	70	227

$(p < 0.001)$

TABLE 4.23

R.C. AND A.G.H. BY POLICE RECORD, CONTROLLING FOR AGE (IN PERCENTAGE)

	5 ---- 12		13 ---- 15	
	Had record	No record	Had record	No record
R.C.	88.0	55.7	95.6	72.7
A.G.H.	22.0	44.3	4.4	27.3
N	25	183	45	44
	$(p < 0.01)$		$(p < 0.01)$	

police record, and in the adolescent group it was 95.6%. The association pattern in table 4.23 closely resembled that in table 4.6 when the relationship between behavioural condition and the reception-assessment resource (with age controlled for) was examined, and this therefore prompted the researcher to look at a new relationship: that between police record and a child's behavioural and emotional condition. The frequency distribution in table 4.24 was interesting but somewhat in the expected direction. It

TABLE 4.24

COMBINED BEHAVIOURAL AND EMOTIONAL CONDITION BY POLICE RECORD (IN PERCENTAGE)

(Behav.)	(Emot.)	Had record	No record
Bad	Bad	61.4	25.1
Bad	Good	38.6	13.2
Good	Bad	0.0	20.3
Good	Good	0.0	41.4
	N	70	227

$(p < 0.001)$

showed that, most importantly, all the children with a police record were rated as having bad behavioural condition, i.e., a perfect and positive correlation between police record and behavioural condition. This table also shows that those without a police record had only a 38.3% (25.1 + 13.2) chance of being rated as having bad behavioural condition.

Having seen this perfect relationship between police record and behavioural condition, let us look at table 4.25. This statistically significant table shows only those children with bad behavioural condition; one group of children had a police record in addition to being bad behaviourally, and another group had bad behavioural condition only. Although both groups tended to go more to the R.C., there was a

TABLE 4.25

R.C. AND A.G.H. BY POLICE RECORD ---- BAD BEHAVIOURAL CONDITION ONLY (IN PERCENTAGE)

	Had record	No record
R.C.	92.9	80.2
A.G.H.	7.1	19.8
N	70	81

($p < 0.05$ (Corrected X^2))

significant difference in the proportions of children from the two groups who went there ---- 92.9% from the former group, and 80.2% from the latter group. This difference of 12.7% indicated very clearly that if a child had a police record and was behaviourally bad, he had a 12.7% more chance to go to the R.C. for assessment than a child who was behaviourally bad but did not have a record. This finding illustrated further the functioning of the Placement Department.

In addition to sex, ethnicity, I.Q., and school learning difficulty, other variables found not associated with the selection of a reception-assessment resource were previous admission of the child, nature of his separation from his guardian ---- i.e., voluntary versus involuntary separation ---- contact between the child and his guardian, marital status of the guardian, economic condition of the guardian, guardian-agency relationship, and caring ability of the guardian. All these had virtually no relationship at all ---- i.e., very low chi-square values though with almost no missing values ---- with the dependent variable. However, when we considered the variable "admission of siblings", it was found that it was statistically related to the selection of a reception-assessment resource. Table 4.26 shows that while about half of the children with siblings in care were sent to the R.C. and the other half to the A.G.H. ---- 55.9% and 44.1% respectively ---- most (86.5%) of those with no

TABLE 4.26

R.C. AND A.G.H. BY SIBLING ADMISSION (IN PERCENTAGE)

	One or more in care	None in care
R.C.	55.9	86.5
A.G.H.	44.1	13.5
N	177	74

($p < 0.001$)

siblings in care were sent to the R.C. and only 13.5% to the A.G.H. This finding tended to indicate that siblings were likely to be placed together in a home-like atmosphere as far as possible.*

When the effect of age was removed, more or less the same association pattern was maintained for both age-groups that if a child was admitted into care alone, he was very likely sent to the R.C. for assessment, although this was statistically true only in the pre-adolescent

TABLE 4.27

R.C. AND A.G.H. BY SIBLING ADMISSION, CONTROLLING FOR AGE (IN PERCENTAGE)

	5 - 12		13 - 15	
	One or more in care	None in care	One or more in care	None in care
R.C.	51.1	82.5	73.7	91.2
A.G.H.	48.9	17.5	26.3	8.8
N	139	40	38	34
	($p < 0.001$) (phi = 0.2517) (C = 0.2441)		(Not significant) (phi = 0.1909) (C = 0.1875)	

---

* This may be an over-stated sentence since, the way this concept was defined, the admission of the child involved and of his siblings might not have been carried out at the same time. However, from experience gained during coding, it appeared that the majority (over 70%, maybe) of the children were admitted into care together with their siblings at the same time, if there were any siblings involved at all.

group —— see table 4.27. When the phi and contingency coefficient values in the pre-adolescent group were compared with those in the adolescent group, we discover that the association pattern in the first table was not very much stronger than that in the second table, implying that sibling admission appeared to be a rather powerful variable in affecting the selection of a reception-assessment resource for the child, especially in the pre-adolescent group.

The influence of this variable "sibling admission" was still partially felt when the child's behavioural condition—— one of the most powerful independent variables identified thus far —— was held constant. Table 4.28 reveals that if a child was behaviourally bad, almost automatically he was sent to the R.C. and that having sibling admission only increased his chance by a negligible 3.3% (13.6 - 10.3) of being sent to the A.G.H. than a child with no sibling admission. On the other hand, if a child had good behavioural condition, having sibling admission greatly increased his chance by 36.6% (61.6 - 25.0) of being sent to the A.G.H. It therefore appeared that sibling admission was a rather influential variable our worker considered in selecting a reception-assessment resource for a child; as far as possible, siblings tended to be placed

TABLE 4.28

R.C. AND A.G.H. BY SIBLING ADMISSION, CONTROLLING FOR BEHAVIOURAL CONDITION (IN PERCENTAGE)

	Bad behaviour		Good behaviour	
	One or more in care	None in care	One or more in care	None in care
R.C.	86.4	89.7	38.4	75.0
A.G.H.	13.6	10.3	61.6	25.0
N	66	58	112	16
	(Not significant)		($p < 0.02$ (Corrected X^2))	

together in a home-like atmosphere even for assessment.

B. The Problem of Availability of Space in the R.C. -----

In this research, information was intended to secure on the choice of reception-assessment resource. This choice factor was an important one because if a child was forced to be placed in the A.G.H. due to unavailability of space in the R.C., the consequences might be unsatisfactory in terms of, firstly, possibility of placement breakdown due to the inability of the A.G.H. to handle children with severe problems, and, secondly, possibility of incomplete assessment as a result of the first outcome. The end-product would therefore be misuse of the A.G.H. and damage to the child. The original intention of this research was to control for availability of space while looking at factors which affected the placement of a child; this then would enable the researcher to determine the extent to which availability of space was a problem. However, as it was noted in Chapter III, no information on the choice factor could be collected from the file. Two possible reasons could be advanced to explain this lack of information on choice. One reason might be that this simply was not an important piece of information in planning for the child; information on his adjustments and problems and on his guardian's functioning was generally much more valuable. Therefore, after a child was placed, information on the initial placement process was simply overlooked; the Child Data Form also tended to play down the importance of this choice factor. The second reason might be that there actually were few cases where the children were placed in the A.G.H. due to lack of spaces in the R.C. In other words, the placement of children ---- including those with severe problems ---- in the A.G.H. was actually the original intention of the workers concerned and was deemed to be appropriate in the sense that it was thought the A.G.H. could handle them. As a result, the choice factor was simply not mentioned in the file. Although it was abundantly clear from the analyses in section A that the placement of a child in the reception-assessment resource followed a specific pattern, and that certain information were relied upon more heavily than others, it still appeared that possibility of reluctant placements in the A.G.H. had to be detected in order to better depict the placement picture.

In the absence of information on the choice factor, an alternative approach similar to "deviant case analysis" was adopted. To be able to use this method, we had to make one assumption which was consistent with Hypothesis 1 stated in Chapter II. Since we recognized that the A.G.H. was supposed to be for the use of children with less serious problems ---- and this was found to be true based on results of the analyses in section A ---- we could assume that some children with bad problem condition found in the A.G.H. were likely to have been placed there due to lack of spaces in the R.C. Put it the other way: we would have a bigger chance to find reluctant placements in the "bad condition" A.G.H. cases than in the "good condition" A.G.H. cases. Of course, we could not say that all the A.G.H. cases with "bad condition" were reluctant placements because we had to allow for flexibility of the A.G.H. in handling children. In this sense, the task remained was to identify a variable or variables which could best suggest that the placement of the child in the A.G.H. was reluctantly carried out due to lack of a space in the R.C. Therefore, the first thing done before we began the analysis was to select only those cases in both the R.C. and A.G.H. which had been rated as having overall bad condition. This yielded a total of 121 R.C. cases and 26 A.G.H. cases, and these 147 cases formed the base for analyses. The second step taken was to compare the R.C. cases with the A.G.H. cases on those variables which were recognized as having relevancy in affecting the placement of a child in the reception-assessment resource.*

Some people might think that since the age of a child had a lot to do with the selection of a reception-assessment resource and also with the behavioural condition of the child ---- both of these were found to be true, as we have seen ---- age therefore could be a telling variable of reluctant placement. If this were true, no further analyses would be required and we might conclude that those children over 12 years old placed in the A.G.H. represented reluctant placements, which would amount to 14.28% of all the 98 A.G.H. cases. To illustrate this assumption entailed examining three variables at the same time for the total sample: the age, the reception-assessment resource, and the behavioural condition of a child, and table 4.29 shows such relationships. In the R.C. group, it was indeed the case that most (80.0%) of the adolescents were rated as having bad behavioural condition, and there were only 56.5% of the pre-adolescents who were rated the same. This therefore meant that being an adolescent in the R.C., he had a much bigger chance of having bad

TABLE 4.29

BEHAVIOURAL CONDITION BY AGE AND RECEPTION-ASSESSMENT RESOURCE (IN PERCENTAGE)

	R.C.		A.G.H.	
	5-12	13-15	5-12	13-15
Good behav. condition	43.5	20.0	73.8	64.3
Bad behav. condition	56.5	80.0	26.2	35.7
N	124	75	84	14
	($p < 0.001$)		(Not significant)	

---

* Of course, the analyses in section A above gave excellent leads to the selection of some of these variables, which were age, behavioural condition, emotional condition, admission reason, child-peer relationship, and police record.

behavioural condition than a pre-adolescent, and that in the R.C., age was positively associated with bad behavioural condition. However, when we look at the association between age and behavioural condition in the A.G.H group, no such pattern existed: there were almost the same proportions of children from the two age-groups who had bad behavioural condition. In other words, if age could be used to tell the extent of reluctant placement in the A.G.H., the adolescent group should be very much positively associated with bad behavioural condition, as it was found to be the case in the R.C. group; the absence of this relationship in the A.G.H. therefore pointed to the conclusion that these children were not actually placed there reluctantly, although placing them there meant violation of the age-quota set for the A.G.H. It might well be that placing these few adolescents there was thought to be beneficial, as long as they did not exhibit severe behavioural condition. This finding therefore prompted the researcher to continue his search of telling variable(s) through the examination of cases with overall bad condition.

Before any further analyses were attempted, we had to be clear of the reasoning behind them, and be aware of the way the findings emerged from these analyses was interpreted. Since we are going to examine only those cases with overall bad condition (the reason for doing this had been explained above), and since overall problem condition was found to be positively correlated with child-peer relationship ($r_{tet} = 0.66$), with police record ($r_{tet} = 0.64$), with behavioural condition ($r_{tet} = 0.91$), and with emotional condition ($r_{tet} = 0.47$) ---- see Appendix "L"* ---- we would expect, firstly, that most of the sample cases with negative attribute would be "picked up" in the tables we are going to build, and, secondly, that the proportions of cases with positive attribute or negative attribute would be the same in both the R.C. and A.G.H. because it would be illogical to say that overall problem condition correlated positively with these variables only in the R.C. and not in the A.G.H. cases, or vice versa. (Of course, regarding this second expectation, the R.C. should have most or all of the cases with a police record and the A.G.H. should have a very small number of or no cases with a police record, due to the different modes of operation of these two resource-types.) As a result, based on the amount of deviation from these two expectations, we might be able to suggest the extent of reluctant placement in the A.G.H. due to lack of spaces in the R.C.

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* Overall problem condition would be associated with admission reason too ---- see table 4.11 which showed a statistically significant relationship between admission reason and combined behavioural and emotional condition ---- because overall problem condition was obtained after combining the scores in the three major problem-areas.

Table 4.30 shows that, as expected, there was no significant difference in the admission reasons between the R.C. and A.G.H. In both groups, child's problem constituted about half of all the reasons given, temporary family problem about one-third of all the reasons, and permanent family problem only about 14% on the average. The predominance of child's problem among all the reasons cited was expected, since the cases considered were all rated as having bad condition overall.

TABLE 4.30

ADMISSION REASON BY R.C. AND A.G.H. ---- BAD CONDITION CASES ONLY (IN PERCENTAGE)

	R.C.	A.G.H.
Temp. fam. prob.	30.6	34.6
Perm. fam. prob.	12.4	15.4
Child's prob.	54.5	46.2
Other	2.5	3.8
N	121	26

(Not significant)

TABLE 4.31

BEHAVIOURAL CONDITION BY R.C. AND A.G.H. ---- BAD CONDITION CASES ONLY (IN PERCENTAGE)

	R.C.	A.G.H.
Good	0.0	0.0
Fair	7.4	11.5
Poor	42.1	53.8
V. Poor	50.4	34.6
N	121	26

(Not significant)

TABLE 4.32

EMOTIONAL CONDITION BY R.C. AND A.G.H. ---- BAD CONDITION CASES ONLY (IN PERCENTAGE)

	R.C.	A.G.H.
Good	28.1	30.8
Fair	29.8	15.4
Poor	42.1	53.8
N	121	26

(Not significant)

TABLE 4.33

CHILD-PEER RELATIONSHIP BY R.C. AND A.G.H. ---- BAD CONDITION CASES ONLY (IN PERCENTAGE)

	R.C.	A.G.H.
Positive	25.4	23.1
Negative	74.6	76.9
N	118	26

(Not significant)

TABLE 4.34

POLICE RECORD BY R.C. AND A.G.H. —— BAD CONDITION CASES ONLY (IN PERCENTAGE)

	R.C.	A.G.H.
Had record	48.8	11.5
No record	51.2	88.5
N	121	26

($p < 0.01$ (Corrected X^2))

Again, as expected, most of the cases in tables 4.31 and 4.32 had respectively bad behavioural and had emotional condition, and there was no significant difference between the R.C. and A.G.H. in getting these problem cases. The R.C. had 92.5% (42.1 + 50.4) of the cases which were behaviourally bad, and 71.9% (29.8 + 42.1) of the cases which were emotionally bad; on the other hand, the A.G.H.'s proportions of bad cases in the behavioural and emotional areas were respectively 88.4% (53.8 + 34.6) and 69.2% (15.4 + 53.8).

The frequency distribution of the cases in table 4.33 again indicated that our expectations were correct in that there were far more cases with negative attribute than positive attribute, and that the R.C. and A.G.H. had about the same proportions of cases with positive or negative attribute. This time, the R.C. had 74.6% of the cases which had negative child-peer relationship, and the A.G.H. had an equally high proportion of 76.9%.

Table 4.34 has a different but expected pattern. We can easily see that about half (48.8%) of the R.C. cases with Overall bad condition had police record, compared to 11.5% of the A.G.H. cases. Our second expectation was thus fulfilled. Also, this table had "picked up" 88.6% (48.8% of 121 plus 11.5% of 26) of all the 70 cases in the total sample with police record; and this met with our first expectation.

Having examined these various relationships in the sample, the impression one would obtain was that all of these variables could not be used to tell the extent of reluctant placement, since there was no significant amount of deviation from the two expectations formulated. Somehow, we also realized that some of these variables must contain clues regarding the extent of reluctant placement because these variables had been proven to be the most influential ones in helping the worker choose a reception-assessment resource for a child. This conviction therefore led the researcher to re-examine the findings obtained thus far.

We had seen that admission reason was not the best variable to predict the kind of reception-assessment resource a child would get ---- see tables 4.10 and 4.11 ---- because the cogency of this variable was overshadowed by age and the combined behavioural and emotional condition of a child. In other words, this variable would give only limited clue regarding the extent of reluctant placement. Child-peer relationship was not a powerful variable either because its actual strength was largely buried by age and combined behavioural and emotional condition of a child ---- see tables 4.16 and 4.21. The emotional condition of a child was also found to have somewhat limited power, especially in the presence of behavioural condition and age, although it alone tended to account for some variation in the selection phenomenon ---- see tables 4.7 and 4.8. On the other hand, behavioural condition of a child tended to dictate to a very significant extent the kind of reception-assessment resource chosen for him, regardless of the age and emotional condition of the child ---- see tables 4.6 and 4.8. Police record was also found to be very powerful and was not affected by age (see table 4.23). In fact, its predictive power increased in the presence of bad behavioural condition (table 4.25).

What all these findings revealed was that police record was the single most powerful predictor of the kind of reception-assessment resource selected for a child: if he had a record, very surely he would be sent to the R.C. for assessment. Consequently, we could assume that any A.G.H. children who had a police record and hence were behaviourally bad represented reluctant placements due to lack of spaces in the R.C. Table 4.35, which was a variant of table 4.25, sheds light on the extent of reluctant placement, and shows that 23.8% (5 out of 21) of the A.G.H. cases, which had a police record and were behaviourally bad, should not have been placed there. Since there were altogether 98 A.G.H. cases, it meant that 5.1% (5 out of 98) of the A.G.H. children could be said to have been placed there due to lack of space in the R.C.

TABLE 4.35

POLICE RECORD BY R.C. AND A.G.H. ---- BAD BEHAVIOURAL CONDITION ONLY (IN PERCENTAGE)

	R.C.	A.G.H.	All
Had record	50.0	23.8	46.4
No record	50.0	76.2	53.6
N	130	21	151

($p < 0.05$ (Corrected X^2))

The use of police record to tell the extent of reluctant placement represented an indirect way to answer the question of availability of space in the R.C., but was statistically and conceptually sound. Through the process of elaboration, police record was singled out as the most influential variable: i.e., if a child was behaviourally bad and had a police record, he was sent to the R.C. for assessment as far as possible. It was based on this finding that we assumed this was because the R.C. appeared to be the better resource of the two to handle this kind of child; although the A.G.H. should be allowed for flexibility to handle behaviourally bad children, when it came to problem children who had been in conflict with the Law, it would be an entirely different matter. Consequently, any children who had a police record in the A.G.H. could be assumed to have been placed there reluctantly due to lack of spaces in the R.C., and this produced 5 cases which constituted 5.1% of the A.G.H. subsample.

Although, theoretically speaking, the A.G.H. was less equipped to handle children with bad behavioural condition, it did not appear that the A.G.H. could not at all. The unavailability of professionally qualified personnel in the A.G.H. to assess the child prompted the A.G.H. worker to rely on professionals in the community. Table 4.36 shows that the A.G.H. did tend to use professionals in the community to assess its children more often than the R.C. by 16.1% (73.1 - 57.0) although this association was not statistically significant. As a result, there was almost no difference in the proportions of children who had been assessed (i.e., at least a psychological examination) in both the R.C. (89.3%) and the A.G.H. (84.6%). In other words, these findings tended to reveal that although the means of assessment in the R.C. was different from that in the A.G.H. in terms of the types of professionals involved, children with overall bad condition

TABLE 4.36

USE OF OUTSIDE ASSESSMENT PROFESSIONALS BY RECEPTION-ASSESSMENT RESOURCE (IN PERCENTAGE)

	R.C.	A.G.H.	All
Had used	57.0	73.1	59.9
Had not used	43.0	26.9	40.1
N	121	26	147

(Not significant)

in both types of resources appeared to have been, in general, adequately assessed before they were discharged from the resource. It therefore appeared that the A.G.H. had its own way to handle problem children, and this tended to confirm our speculation in the beginning of this chapter that the W.B., which kept most of its children with overall bad condition in A.G.H. instead of the R.C., tended to be self-sufficient in assessing its children.

C. Summary ----

The focus of this chapter was on the admission of children direct from the community into the R.C. and A.G.H., and its purpose was to isolate or identify those variables which were influential in the selection of reception-assessment resource for these children. Throughout the analysis, Hypothesis 1 formulated in Chapter II served as a guide, and the principle of elaboration was followed. The problem of availability of space in the R.C. was tackled in a separate section because there simply was no such information in the file or record. Using a method similar to "deviant case analysis", it was found that availability of space did not actually constitute a problem at all because there were only 5.1% of all the 98 A.G.H. cases which could be said to have been placed in the A.G.H. reluctantly due to lack of spaces in the R.C. Further analyses revealed that the A.G.H. actually could handle adequately, if not efficiently, children with overall bad condition; this was especially true with the W.B. where most of the children who needed assessment because of their bad problem condition were kept in the A.G.H.

In the process of analysis, all those variables which were thought to be logically related to the selection of reception-assessment resource were considered. Those individual variables found significantly and conceptually related to the dependent variable were: behavioural condition, emotional condition, sibling admission, police record, admission reason, child-guardian relationship, child-worker relationship and child-peer relationship. However, when these variables were looked at again in depth and when the influence of other variables was removed, it turned out that the single most influential variable was police record, i.e., as long as a child had a police record, very definitely he was sent to the R.C. Behavioural condition came second in importance. Emotional condition, sibling admission and child-peer relationship were not actually very influential although, under certain circumstances, their effects were felt. The age of a child tended to have a significant influence throughout the analysis despite its inability to "cover up" the effect of police record and behavioural condition. Therefore, it appeared that, in selecting a reception-assessment resource for a child, the worker relied upon only a rather limited amount of information, which could be classified into two types: situational (i.e., age quota ----- maybe availability of space too) and child's behavioural (i.e., police record and behavioural condition). Only when the child had no police record and was behaviourally good were his emotional condition, sibling admission and child-peer relationship considered. Physical/health condition was found to be unrelated at all with the selection of the R.C. or A.G.H.

Two other things were evident. The first thing was that workability of a child could best be predicted from his ability to get along with his peers. If we knew that he was sociable with his friends, we could say that 72.3% of the time he would be co-operative with his worker. The second thing that came out from these analyses was that admission reason alone appeared to have rather limited cogency in predicting the kind of reception-assessment resource that would ultimately be selected for the child. The main reason for this was because the admission reason cited did not necessarily imply or indicate the child's actual behavioural condition, which was the main concern for our placement workers. This meant that relying on admission information alone would only give us suggestive leads and would not be sufficient to enable us to plan effectively for the child.

CHAPTER V

STAY IN THE RECEPTION-ASSESSMENT RESOURCE

The problem of duration of care will be tackled in this chapter. Specifically, we want to find out two things: the pattern of flow of children in the various reception-assessment resources, and the characteristics of children who stayed in the resource for different lengths of time. To describe objectively the first phenomenon, the pattern of flow of children will be examined from different angles. To identify the deterrents to movement of children in the reception-assessment resource, variables will be cross-tabulated against length of stay to reveal their individual relationships with duration of care, and a computer programme called A.I.D. will later be used to analyze the interactions of the deterrents identified, so that the relative explanatory power of the various predictor variables could be determined. In our analyses, findings obtained elsewhere will be compared with ours, whenever possible. When the situation in the various reception-assessment resources is better understood, efficient and effective planning can be undertaken by the Agency.

A. The Movement Rate and Turn-over Rate ----

Before we begin to examine the deterrents to movement, let us take a look at the movement rate and turn-over rate calculated for each of the A.G.H.'s and the R.C. Since the formulae had already been discussed in Chapter II, we can now move directly into describing the data which were used in the calculation of the movement rate, which was primarily a description of the average number of children per month the reception-assessment resource had.

The data used in the calculation of the movement rate were all the children admitted into the resource direct from the community, regardless of age, duration of care and assessment status. The R.C. data made available to the researcher by the former Director of Institutions consisted of the names of the children and their respective admission and discharge dates. The A.G.H. data were more complete with dates of birth of the children and the names of the workers as well. Consequently, while the A.G.H. data could be broken down into finer categories on age, a similar breakdown of the R.C. data was not possible unless a manual and time-consuming search of the files for the birth-dates of the children was carried out. This meant that, in later analyses, some comparisons could only be made between the A.G.H.'s, and not between the A.G.H. and R.C.; such limitation is evident in table 5.1.

The R.C. has six times as many beds as the A.G.H. Therefore, in calculating the movement rate for the R.C., some adjustment would have to be made in order to enable the R.C. rate to be compared validly with the A.G.H. rate. In other words, we would have to look at the R.C. movement rate as one calculated for a facility with only six beds. In this way, the movement rates calculated for the R.C. and for each of the A.G.H.'s were as follows:

$$\text{The R.C.} = \frac{1 + 2 + 3 + 4^{*}}{\text{months of operation x } 6} = \frac{482}{37 \text{ x } 6}$$

= 2.2 children in and out each month assuming that it had only six beds (or the true movement rate in the R.C. was 13.0 with thirty-six beds); z = 1.4412 with a standard deviation of 0.3939 and an arithmetic mean of 1.6034

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* Since the age break-down of the R.C. children was impossible, we had to assume that all the children in the R.C. were five years or older on the belief that no children under five should be admitted into an institution, as specified by the C.W.L.A.

TABLE 5.1

DISTRIBUTION OF CHILDREN IN R.C. AND A.G.H. ENDING AUGUST 31, 1971

	R.C.	A.G.H.						
		CENTRAL	EAST	NORTH		WEST		
Description*	7/68→8/71	7/68→8/71	6/70→8/71	1st A.G.H. 11/69→11/70	2nd A.G.H. 2/71→8/71	7/68→8/71	Total	
A1		1	2	1	0	2	6	12
A2		2	0	0	0	0	2	
A3		3	0	0	0	0	3	
A4		1	0	0	0	0	1	
B1		11	2	0	0	7	20	121
B2		15	11	7	1	6	40	
B3		16	6	1	5	16	44	
B4		5	4	0	5	3	17	
C1		0	1	2	1	2	6	22
C2		0	0	0	1	2	3	
C3		1	0	7	0	4	12	
C4		0	0	1	0	0	1	
1	86							482
2	134							
3	248							
4	14							
Total	482**	55	26	19	13	42	637	

* A = Child less than 5 years old   B = Child 5 to 12 years old
C = Child over 12 years old
1 = Length of stay equal to or less than 7 days
2 = Length of stay more than 7 but equal to or less than 60 days
3 = Length of stay more than 60 days
4 = Actual length of stay not determined at time of sampling, i.e., child had stayed for more than 7 but less than 60 days at time of sampling.
(The above symbols will be further employed in the following discussion.)
** Multiple admissions were also included here.

$$\text{The Central Branch A.G.H.} = \frac{B1 + B2 + B3 + B4 + C1 + C2 + C3 + C4}{\text{months of operation}}$$

$$= \frac{48}{37} = 1.3 \text{ children per month;}$$

$$z = -0.7773$$

The East Branch A.G.H. = $\frac{24}{14}$ = 1.7 children per month; $z = 0.2812$

The first North Branch A.G.H. = $\frac{18}{12}$ = 1.5 children per month; $z = -0.2625$

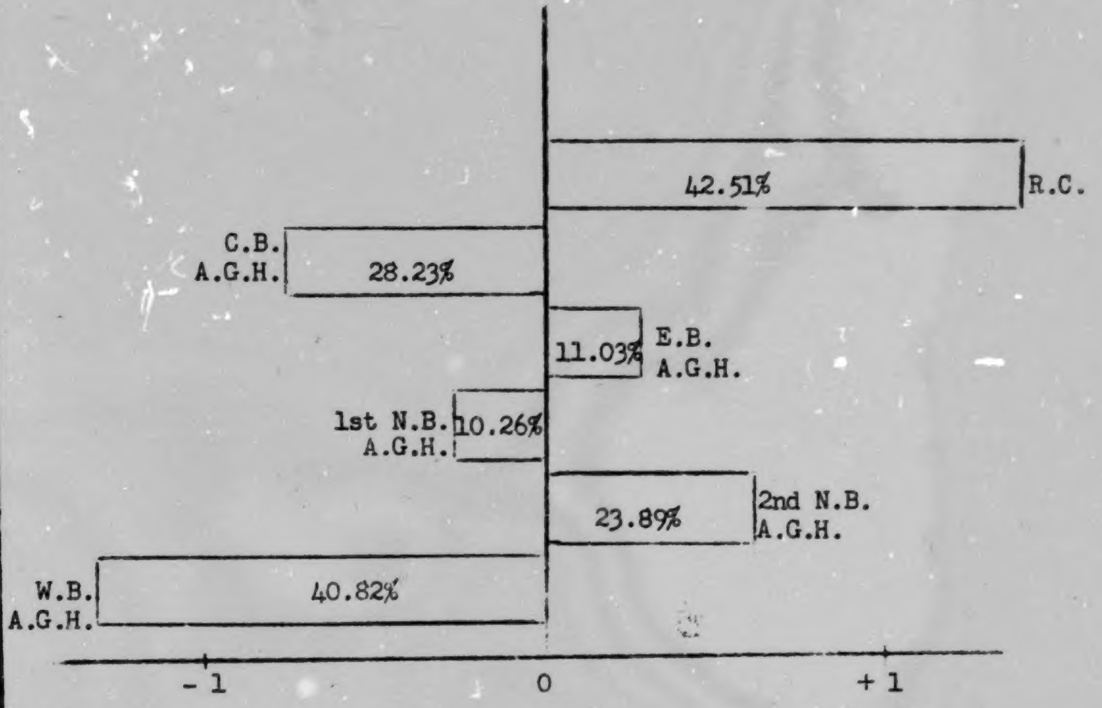
The second North Branch A.G.H. = $\frac{13}{7}$ = 1.9 children per month; $z = 0.6440$

The West Branch A.G.H. = $\frac{40}{37}$ = 1.1 children per month; $z = -1.3262$

Therefore, we may say that, comparing the movement rates calculated, the R.C. had the largest number of children (2.2) in and out each month assuming that it only had six beds at any given time, followed by the second North Branch A.G.H. and the East Branch A.G.H. with 1.9 and 1.7 children per month respectively. At the other end of the continuum, the West Branch A.G.H. had exactly half the number of children the R.C. had in and out per month. The Central Branch A.G.H. was the second least mobile home with 1.3 children, and the first North Branch A.G.H. had 1.5 children per month in and out. Translating these figures into relative terms and graph form, assuming that these figures were normally distributed, we obtained chart 5.1, which essentially expresses the "performance" (i.e., readiness of the resource to have its beds available for use) of the R.C. and the various A.G.H.'s in terms of percentages. Visually, we can right away realize that the R.C. tended to have the highest degree of flow of children in and out ---- 42.51% above the average rate. At the

CHART 5.1

BAR GRAPH OF MOVEMENT OF CHILDREN IN THE RECEPTION-ASSESSMENT RESOURCE



Percent-equivalent of z-distribution

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other extreme, the West Branch A.G.H. appeared to be least satisfactory in terms of making available its beds for use by children who needed assessment —— it was 40.82% below average. The most satisfactory A.G.H. in this respect was the second North Branch A.G.H. which started its operation in February 1971, and which had a movement rate of 23.89% above average. This home was followed by the East Branch A.G.H. which could manage to maintain a movement rate of 11.03% above average. Slightly below average in maintaining a high movement rate was the first North

Branch A.G.H. ---- this home is no longer an A.G.H. It also appeared that the Central Branch A.G.H. failed to absorb readily children who needed assessment because its movement rate was 28.23% below average, and this placed the home in the second last position in its ability to provide bed-spaces for children. This pictorial interpretation of the movement rates of the various reception-assessment resources of course coincided with our earlier findings.

Before moving into describing the turn-over rate whose crucial criterion was whether or not a child had been assessed, we should describe the frequency distribution of children in table 5.1 from a different angle. Looking at the A.G.H.'s first, we can see that most (78.1% or $\frac{121}{155}$) of the children were between 5 and 12 years old on admission. The over-twelve age-group constituted 14.2% and the under-five age-group 7.7%. While the Central Branch A.G.H. seemed to have the highest percentage of the under-five age-group (12.7%) than any of the other homes, the first North Branch A.G.H. tended to have the highest proportion of adolescents (52.6%). The West Branch A.G.H. also seemed to have a fairly high proportion of teen-agers in its population (19%).

There was clear evidence that some of the reception-assessment resources were used for short-term holding purposes ---- notably the West Branch A.G.H. with one-quarter (26.2%) of its population stay for a week or less; the Central Branch A.G.H. with 21.8%; and the East Branch A.G.H. with 19.2%. On the other hand, the second North Branch A.G.H. seemed to have the lowest percentage (7.7%) of transients. Looking at those who had stayed for more than two months, the R.C. topped the list with 51.45%, followed closely by the West Branch A.G.H. with 47.6%. The East Branch A.G.H. had only 23.1% of its children stay for more than two months because it was able to discharge 42.3% of its children between eight days and two months. The observation that the West Branch A.G.H. had the highest number of transients who stayed for a week or less as well as the second highest number of children who stayed for more than two months, among all the other resources, revealed that once a child was admitted into this home, he would either likely stay for a very short time or for a long time. Later analyses will try to identify factors which affected duration of care.

The data used in the calculation of the turn-over rate were the entire sample of 297 cases. As one may recall, the crucial criterion in the turn-over-rate formula was whether or not a child had been assessed, i.e., at least a psychological examination, before discharge from the reception-assessment resource. In this way, all the children who were still in the resource on the "cut-off" date of the study, i.e., August 31, 1971, and those who had never been assessed by the time they were discharged were excluded from the calculation. Since the recognized length of time required to assess and plan for a child was not more than two months, we therefore intended to evaluate how practical this time-variable was and to suggest what the most appropriate time would seem to be to assess a child.

Table 5.2 summarizes the turn-over rates calculated for the various reception-assessment resources under three different time-periods: assessed and discharged 1) between 8 and 60 days, 2) between 8 and 85 days, and 3) between 8 and 150 days. Time-period one represented the one recognized by our workers as sufficient to assess and plan for a child; 85 days represented the average (median) number of days a child spent in the reception-assessment resource; and 150 days was the length of time three-quarters of our children spent in the reception-assessment resource. It can be seen that, in all, two months was not a practical time-variable at all ---- only 24.3% of the children were assessed and discharged within two months. In this group, the R.C. and the first North Branch A.G.H. appeared to be able to assess and discharge their children much quicker ---- 26.5% and 28.6% respectively ---- than the other resources. On the other hand, the Central Branch A.G.H. never did assess and discharge a child within two months.

TABLE 5.2

TURN-OVER RATE BY RECEPTION-ASSESSMENT RESOURCE AND VARIED LENGTHS OF TIME

	Days			
	8-60	8-85	8-150	N
R.C.	26.5%	42.0%	75.3%	162
Central Branch A.G.H.	0.0%	16.7%	33.3%	6
East Branch A.G.H.	16.7%	16.7%	16.7%	6
1st North Branch A.G.H.	28.6%	42.9%	57.1%	7
2nd North Branch A.G.H.	16.7%	33.3%	100.0%	6
West Branch A.G.H.	15.8%	15.8%	36.8%	19
All	24.3%	37.9%	68.9%	206

When we allowed twenty-five days more, the over-all turn-over rate rose by 13.6% to 37.9% from 24.3%. This meant that 85 days was still not sufficient to assess and plan for our children. The R.C. and the first North Branch A.G.H. continued to maintain an above-average turn-over rate of 42.0% and 42.9% respectively. The Central Branch A.G.H. had now assessed and discharged 16.7% of its children. The second North Branch A.G.H. also appeared to be able to assess and discharge more of its children, and this brought its turn-over rate up to 33.3%. However, twenty-five days extra meant nothing to the East Branch A.G.H. and the West Branch A.G.H. in terms of their ability to assess and discharge more children.

When 150 days or five months was selected to be the time-variable in calculating the turn-over rate, there was a substantial increase in the number of children whom the reception-assessment resource in general had assessed and discharged. The over-all turn-over rate now was 68.9% ----- an increase of 31.0% from 37.9% under the second condition. The second North Branch A.G.H. brought its turn-over rate up from 33.3% before to 100%, and became the only resource which had achieved this perfect rate within this time-period of five months. The R.C. continued to perform above average and had a significant increase in the number of children who had been assessed and discharged; by now, the R.C. turn-over rate was 75.3%. The West Branch A.G.H. had also had a 21% increase. Surprisingly, the East Branch A.G.H. had no change at all in its turn-over rate within these extra 65 days or two months. There was some moderate increase in the number of children the Central Branch A.G.H. and the first North Branch A.G.H. had assessed and discharged ---- an increase of 16.5% and 14.2% respectively.

The over-all impression one would get thus far was two-fold. Firstly, the initially identified time of two months obviously was insufficient to assess and plan for a child, at least as shown by the data. Eighty-five days would not be a practical one either. The fact that nearly seven in ten (68.9%) children had been assessed and discharged within 150 days, and that some resources ---- notably the R.C. and the second North Branch A.G.H. ---- could achieve very high turn-over rates suggested that if sufficient control was exercised, much more children could be assessed and planned for within a time shorter than 150 days.

Secondly, there was clear evidence that some resources were used more for holding than assessment purposes. Assuming that the twelve children still in the reception-assessment resource on the "cut-off" date of the study were randomly distributed among the various resources, table 5.3 describes the proportion of children who had stayed in the resource for at least seven days and who were assessed eventually, i.e., the proportion of children used in the calculation of the turn-over rate. Thus, it can be seen that most of the second North Branch A.G.H. and the R.C. children were assessed eventually —— 85.7% and 81.4% respectively.

TABLE 5.3

PROPORTION OF CHILDREN STAYED FOR MORE THAN SEVEN DAYS AND EVENTUALLY ASSESSED

	Proportion
R.C.	$\frac{162}{199} = 81.4\%$
Central Branch A.G.H.	$\frac{6}{32} = 18.8\%$
East Branch A.G.H.	$\frac{6}{17} = 35.3\%$
1st North Branch A.G.H.	$\frac{7}{15} = 46.7\%$
2nd North Branch A.G.H.	$\frac{6}{7} = 85.7\%$
West Branch A.G.H.	$\frac{19}{27} = 70.4\%$ *
All	$\frac{206}{297} = 69.4\%$

The West Branch A.G.H. also had 70.4% of its children eventually assessed. However, the Central Branch A.G.H. children were least likely assessed with a low of 18.8%. The East Branch A.G.H. and the first North Branch A.G.H. also appeared to have a rather low tendency to have their children assessed psychologically. What this meant was that some resources were

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* The denominator was 27 and not 28 because one file was unlocatable.

used more as holding places rather than assessment places, or that the primary objective of the reception-assessment resource was lost in some instances. Further, when we compared tables 5.2, 5.3 and chart 5.1 with each other, it became evident that the R.C. and the second North Branch A.G.H. topped the list in the movement rate, the turn-over rate and the proportion of their children assessed. The West Branch A.G.H. children were assessed most of the time too, but this home had the lowest movement rate and the second lowest turn-over rate, meaning that this home tried to meet the standard of an A.G.H. in an inefficient way probably due to its different mode of assessment, as suggested in Chapter IV. On the other hand, the Central Branch A.G.H. had the lowest proportion of its children assessed, the second lowest movement rate and the third lowest turn-over rate; this meant that this home appeared to have failed in meeting the objective of an A.G.H. and had changed its function from assessment to detention. The East Branch had the second lowest proportion of children assessed, the lowest turn-over rate, but the third highest movement rate; this suggested that this home was probably used more as a short-term holding place where the children were seldom assessed. Perhaps the first North Branch A.G.H. was "average" in performance among all the resources, having about median ratings in these three areas, but this home is no longer in operation.

The above analyses revealed that the R.C. and the second North Branch A.G.H. were the two most functional reception-assessment resources. All the other ones had much to be desired for in their ability to achieve the objective of an A.G.H. Our data also pointed to two other things. Firstly, judging the performance of a reception-assessment resource only on the basis of the number of children it had had would be incomplete: we had also to take into account the ability of the resource to meet the objective specified for its operation ---- the so-called goal-attainment model of analysis. To be able to maintain a steady and quick flow of children in and out of the reception-assessment resource might not mean anything in terms of planning properly for the children. If a resource was a reception-assessment one, every child in it should theoretically receive a decent assessment of his overall functioning. Secondly, since there was no evidence that availability of a placement-resource was a problem ---- as noted in Chapter III, of all the children who were eventually placed and the choice of placement resource for whom was known, 92.5% got the placement resources considered the best for them ---- we could not say the low movement and turn-over rates of some resources were due to lack of a placement resource. Besides, the sharp contrast in performance between the R.C. and the second North Branch A.G.H. on the one hand and the remaining A.G.H.'s on the other pointed to the conclusion that some resources were simply performing much better than others, and further implied that the problem lay on the administration of these resources and not on the availability of placement resources, for if availability of placement spaces were a problem, why was it confined to only some, not all, of these resources?

Having realized the performance of these various reception-assessment resources, we would want to move one step beyond to examine the deterrents to movement of children in these resources. This would, in addition to the analyses above, help us better realize the actual situation in the field.

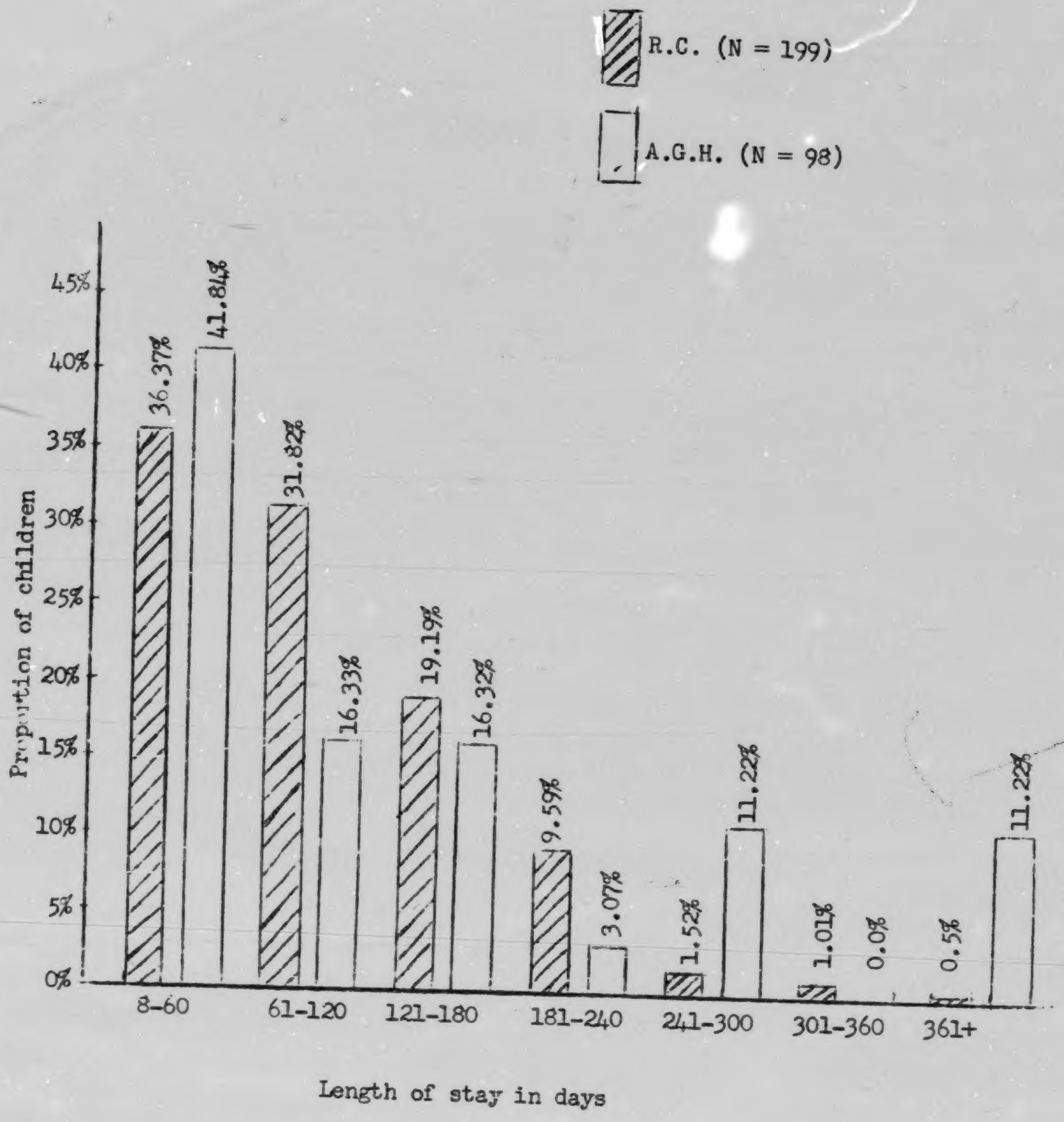
B. Duration of Care (Cross-tabulation)----

As mentioned in Chapter I, the phenomenon called "duration of care" has caught the attention of a sizable number of child welfare researchers. The reasons for their concern were three and summarized by Fanshel recently (7,65-66). Unintended tenure in care should be avoided as far as possible because 1) it would upset our value that normal family life should be preserved the best we can, 2) it would hold up valuable placement resources, and 3) it would tend to create emotional disturbance in our children. There is thus no question that duration of care should be brought under predictive control, so that our child welfare system can function effectively and benefit more children and their families. In this sense, deterrents to movement in care have to be identified in order that appropriate measures could be taken to remedy the situation.

In our present study, the R.C. and the A.G.H. differed in terms of, among other things, duration of care of children. Although there seemed to be little difference in the average lengths of stay of children in these two types of reception-assessment resources, as measured with the median statistic ---- 85 days for the R.C., and 88 days for the A.G.H. ---- the ranges were different. While the R.C. had a range of 8 to 372 days, the A.G.H. had a range of 8 to 867 days with 11.22% of its 98 children having stayed for more than 372 days. This difference was most evident in the graph plotted---see chart 5.2. We can easily see that although slightly more A.G.H. than R.C. children tended to stay for less than two months, a significantly higher proportion of A.G.H. than R.C. children tended to stay for eight months or more ---- 22.44% for the A.G.H. and 3.03% for the R.C. On the other hand, we also realize that the biggest difference between the R.C. and the A.G.H. in terms of length of stay of their children occurred within the period of two months and four months.

CHART 5.2

GRAPH SHOWING PROPORTIONS OF R.C. AND A.G.H. CHILDREN WHO HAD STAYED FOR BETWEEN 8 and 867 DAYS



In this time-category, 31.82% of the R.C. children fell, versus only 16.33% of the A.G.H. children: a difference of 15.49%. In other words, while the R.C. had an inverse relationship between the number of children in care and length of time elapsed, the A.G.H. tended to have a tri-modal relationship between these two phenomena.

But what were the common variables that affected duration of care? As what Fanshel found, "age" and "sex" of a child had nothing to do with duration of care in this study*. Table 5.4 shows that there was no significant difference in the proportions of children from the three age-groups in terms of the time they had spent in the reception-assessment resource. There also was no association between the sex of a child and his duration of care. Therefore, age and sex could not be used as predictors of duration of care.

TABLE 5.4

DURATION OF CARE IN RECEPTION-ASSESSMENT RESOURCE BY AGE AND SEX (IN PERCENTAGE)

	Age			Sex		
	5-8	9-11	12-15	Male	Female	All
8-35	28.9	23.1	25.7	22.3	31.9	25.9
36-85	18.6	19.8	33.0	23.9	24.8	24.2
86-150	24.7	29.7	22.0	27.2	22.1	25.3
151-867	27.8	27.5	19.3	26.6	21.2	24.6
N	97	91	109	184	113	297
	(Not significant)			(Not significant)		

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* Although the setting in the present study was different from that in the Fanshel and other studies, the same phenomenon was pursued. In this sense, findings are comparable. (Unless otherwise stated, the references cited are those reviewed in Chapter I.)

Marital status of the guardian was found interestingly related to the length of time a child spent in the resource. Table 5.5 clearly indicates that while there appeared to be little difference in the lengths of stay between the children whose guardians remarried and those whose guardians were living alone, those children who came from intact families where the guardians had an uninterrupted marriage tended to stay in the reception-assessment resource for a much shorter time than those from the other two groups. 67.7% of the children from the marriage intact group stayed for about three months or less, whereas only about 44% from the other two groups stayed for the same length of time. This finding in part supported Maas's results.

TABLE 5.5

DURATION OF CARE BY MARITAL STATUS OF GUARDIAN (IN PERCENTAGE)

	Marriage intact	Remarried	Living Alone
8 - 35	26.2	28.4	24.4
36 - 85	41.5	16.4	20.7
86 - 150	16.9	28.4	27.4
151 - 867	15.4	26.9	27.4
N	65	67	164

$(p < 0.02)$

Another variable which was found to be significantly related to duration of care was the caring ability of the guardian (see table 5.6). It appeared that those children who had capable guardians who could provide reasonably good care to them spent much shorter a time in the reception-assessment resource than those who had unable guardians. 57.4% of the children from the former category stayed for about three months or less, but only 39.8% from the latter category stayed for the same length

TABLE 5.6

DURATION OF CARE BY GUARDIAN'S CARING ABILITY (IN PERCENTAGE)

	Able or doubtful	Unable
8 - 35	32.3	16.4
36 - 85	25.1	23.4
86 - 150	21.0	31.3
151 - 867	21.6	28.9
N	167	128

($p < 0.01$)

of time.

Since the primary function of a reception-assessment resource was to assess and plan for a child, the relationship between a child's assessment status and duration of care had to be examined. Table 5.7 shows that 65% of the children who were never assessed tended to stay in the resource for not more than 35 days, compared to only 11.5% of the assessed children. Put it the other way: if we knew that a child was not going to be assessed for one reason or another (e.g., to detain him temporarily only), the chance that he would stay for more than 85 days was unlikely (13.8% only);

TABLE 5.7

DURATION OF CARE BY ASSESSMENT STATUS (IN PERCENTAGE)

	Assessed	Not Assessed
8 - 35	11.5	65.0
36 - 85	25.3	21.3
86 - 150	30.9	10.0
151 - 867	32.3	3.8
N	217	80

($p < 0.001$)

on the other hand, if a child was to be assessed, he would likely stay for a much longer time. The implication was probably that assessment was part of a long-range plan designed for the child: if assessment was required, a detailed plan would likely be necessary, and planning takes time. But what was not clear was the amount of time required to enable our workers plan reasonably well for a child. From our data, it appeared that the required time probably fell between 86 and 150 days.

The cogency of admission reason in predicting duration of care has become one of the major points of interest to most of the child welfare researchers. In this study, our data overwhelmingly pointed to an absence of significant relationship between admission reason and duration of care.

TABLE 5.8

DURATION OF CARE BY ADMISSION REASON (IN PERCENTAGE)

	Temp. fam. problem	Perm. fam. problem	Child's problem	Other
8 - 35	29.1	31.7	19.4	11.1
36 - 85	21.3	30.2	23.5	33.3
86 - 150	20.5	20.6	33.7	33.3
151 - 867	29.1	17.5	23.5	22.2
N	127	63	98	9

(Not significant)

Although a child with "child's problem" as his reason for admission tended to stay longer ---- 58.2% stayed for 86 days or more ---- than his counterpart admitted for a different reason ---- 49.6% under "temporary family problem" and 38.1% under "permanent family problem" ---- the overall table reveals the possibility of a chance factor in shaping the frequency distribution. Our findings therefore supported the observation of Maas but contradicted Jenkins and Fanshel's results.

Another variable which could be obtained at the time of admission was the nature of separation. However, like the admission reason, this single variable appeared to have no predictive power at all of duration of care ($X^2 = 0.9474$, d.f. = 3, Cramer's V = 0.05648, not significant). It was found that there was no difference in duration of care in the reception-assessment resource between the child who was separated voluntarily from his guardians and the one who was apprehended.

The finding that child-guardian contact was significantly related to duration was interesting. Table 5.9 reveals that no contact with his guardians resulted in shorter time in care at the reception-assessment resource. 69.8% stayed for 85 days or less compared to 43.5% of the children who had maintained some kind of contact with their guardians. This finding was similar to the finding in table 5.7 where we looked at the relationship between duration of care and assessment status of a child, and perhaps the same explanation could be advanced to take care of the relationship pattern in table 5.9. It appeared that the maintenance of child-guardian contact while the child was in care could well be part of the total casework plan, since the ability of the child and guardian to keep

TABLE 5.9

DURATION OF CARE AND CHILD-GUARDIAN CONTACT (IN PERCENTAGE)

	Had contact	No contact
8 - 35	19.7	43.8
36 - 85	23.8	26.0
86 - 150	26.5	21.9
151 - 867	30.0	8.2
N	223	73

$(p < 0.001)$

in touch with each other could serve as an indicator of the guardian's interest in the child and, in turn, of workability of the case. If a case was workable, a detailed plan would likely be devised, and it usually takes time to carry out a good plan.

We have found that in Chapter IV a child's behavioural condition tended to affect to a very significant degree the kind of reception-assessment resource he would get, and that his emotional condition had a much less important role to play in this selection phenomenon. But how would a child's behavioural and emotional condition influence his duration of care in the reception-assessment resource? In other words, could we predict the length of time a child would spend in the resource given knowledge of his behavioural and emotional state? Fanshel anticipated that a child's behavioural characteristic would account for much of the variance in the dependent variable "duration of care"; our data in table 5.10

TABLE 5.10

DURATION OF CARE BY COMBINED BEHAVIOURAL AND EMOTIONAL CONDITION (IN PERCENTAGE)

	Bad Bad	Bad Good	Good Bad	Good Good	(Behav.) (Emot.)
8 - 35	17.0	26.3	15.2	4.04	
36 - 85	20.0	28.1	19.6	28.7	
86 - 150	32.0	22.8	34.8	14.9	
151 - 867	31.0	22.8	30.4	16.0	
N	100	57	46	94	

($p < 0.001$)

did reveal that a child's combined behavioural and emotional condition was significantly associated with his length of time spent in the reception-assessment resource. From this table, we realize that there were three association patterns. Firstly, if a child had a good in both behavioural and emotional conditions, 40.4% of the time he would stay in the reception-assessment resource for less than 36 days, or 69.1% of the time for less than 86 days. Perhaps this was because a child with a minimal amount of behavioural and emotional problems took the social worker a much shorter time to assess and plan for him. Secondly, if a child had bad emotional disorder, regardless of his behavioural condition, he would likely stay in the resource for a much longer time, i.e., longer than 85 days ---- 63% in the bad bad group and 65.2% in the good bad group. This implied that more planning was required when the child involved had emotional problems. Thirdly, the fact that more than half (54.4%) of the group with bad behavioural but good emotional condition stayed for only 85 days or less suggested that, unlike planning for children with bad emotional condition only, planning for those with bad behavioural condition ---- if we were successful in carrying out the plan ---- was done rather quickly. Later analyses of the disposition pattern of children from the reception-assessment resource would tell us whether these children were sent home or to an institution which presumably could better cope with their problems. But by now, we should have realized why admission reason alone could not predict duration of care because on the one hand, we have just learnt from table 5.10 that the length of time a child spent in care was dependent on his exhibited behavioural and emotional condition; and on the other hand, table 4.11 told us that the problem condition of a child could not be indicated by his admission reason.

C. Duration of Care (A.I.D. Analysis) ----

Having identified those variables ---- the type of reception-assessment resource, marital status of guardian, caring ability of guardian, assessment status of child, child-guardian contact, and behavioural-emotional condition of child ---- which could influence duration of care, the job would not be complete until we had examined the relative importance of these and other hitherto unidentified variables.* For this reason, it would be desirable to use a method similar to stepwise regression analysis to single out those variables which could affect duration of care. Because of the level of data we had in this study, to use the conventional regression analysis technique would involve the calculation of a tetrachoric correlation matrix using transformed data, and this could prove to be a laborious process, therefore, a computer programme called A.I.D. (Automatic Interaction Detector)** was chosen for use in examining duration of care.

A.I.D. has been used with a certain degree of satisfaction in the study of consumers' behaviour (24, 25). This programme does not assume addidivity and linearity inherent in conventional multiple regression techniques, but is based on analysis of variance techniques and studies the interactions among a set of variables. Since the assumption of independency of the effects of the predictor variables can be avoided, this programme describes the working of the real world in a way different from the conventional regression analysis techniques.

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* Those variables used in the above analyses were selected as the result of a review of the literature; in no way could they constitute a complete listing of variables. In the following analysis of the interactions of variables using A.I.D., the Department Supervisor of Homefinding and Placement was asked to select those variables she thought were useful in predicting duration of care. By coincidence, most of the variables that were identified by the researcher were picked up by her too.

** The original programme was not written in Fortran. In order to run it on the I.B.M. 370/155, the York University version was advised to be adopted for use (23).

Essentially, "regarding one of the variables as a dependent variable, the analysis employs a non symmetrical branching process, based on variance analysis techniques, to subdivide the sample into a series of sub-groups which maximize one's ability to predict values of the dependent variable" (21, 1).* Since this programme accepts nominal/ordinal level predictors, it was considered an appropriate programme for use for our present purposes. Altogether, seventeen predictors were subjected to A.I.D. analysis, and table 5.11 describes these variables in their recoded form and the mode of treatment of the variable classes.

The results were presented in a true form ---- see chart 5.3. In this chart, each box represents a group, and the original group of 283 children were represented by the box at the base of the tree. As a result of the splitting process, the various boxes or branches were formed, and the branches formed early in the splitting process had greater

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* A detailed description of this programme is not to be attempted here. Those who want to know more of the logic, restrictions and limitations of the programme, please read references 21 and 26. For our present purposes, it is sufficient to know that the programme selects, from among all the predictors, that single predictor which has the largest total sum of squares (around its own mean), provided that this quantity is larger than a specified fraction of the original total sum of squares (around the grand mean)---- i.e., the eligibility criterion is met---- and that this predictor contains a minimum number of cases specified. The sample then splits on the predictor so chosen into two non-overlapping sub-groups in such a way that this is the dichotomization which "accounts for" more of the variance in the dependent variable than any other dichotomization based on grouping the categories or classes of a single predictor into two groups. Once this split has been made, the computer focuses on each sub-group in turn, and all predictors are again scanned to determine which one can provide a split which most reduces the variance within the sub-group. The programme continues to scan and divide the sample through a series of binary splits until the explanatory power of the predictors is exhausted. In our computer run, we set the eligibility criterion (P1) at 0.1%, the split-reducibility criterion (P2) at 1.0%, the maximum number of groups at 10, and the minimum group size at 25. Also, to eliminate positive skewness in the dependent variable, 14 extremely skewed cases were eliminated from the analysis, and this produced a range of 8 to 300 days. The characteristics of these 14 cases will be revealed separately.

TABLE 5.11

RECODED PREDICTOR VARIABLES AND CLASSES USED IN THE A.I.D. ANALYSES

Recoded Variable Classes		Grouping of Classes
Assessment resource		Free (order ignored)
0. Receiving Centre	3. First North Branch A.G.H.	
1. Central Branch A.G.H.	4. Second North Branch A.G.H.	
2. East Branch A.G.H.	5. West Branch A.G.H.	
Originating branch		Free
0. Metro Central (Central)	2. North York (North)	
1. Scarborough (East)	3. Etobicoke (West)	
Admission reason		Free
0. Temp. family prob.	2. Perm. family prob.	
1. Others	3. Child's problem	
School-learning problem		Free
0. Unknown/Not yet in school	2. Some problem	
1. No problem		
Child-guardian relationship		Free
0. Unknown/No guardian	2. Indifferent	
1. Meaningful		
Child-worker relationship		Free
0. Unknown	2. Indifferent	
1. Meaningful		
Child-peer relationship		Free
0. Unknown	2. Indifferent	
1. Meaningful		
Police record		Free
0. No	1. Yes	
Previous admission		Monotonic (order maintained)
0. No previous admission	3. Three	
1. One	4. Four	
2. Two		
Child-guardian contact		Free
0. No guardian	2. No contact	
1. Had contact		
Guardian-agency relationship		Free
0. Unknown/No guardian	2. Indifferent	
1. Meaningful		

(To be continued on following page)

TABLE 5.11 (Continued)

RECODED PREDICTOR VARIABLES AND CLASSES USED IN THE A.I.D. ANALYSES

Recoded Variable Classes		Grouping of Classes
Guardian's caring ability		Monotonic
0. Unknown/No guardian	2. Doubtful	
1. Able to	3. Unable	
Outside assessment		Free
0. No	1. Yes	
Completion of assessment		Free
0. No	1. Yes	
Admission year		Free
0. 1968	2. 1970	
1. 1969	3. 1971	
Child's problem scale		Free
0. High High High*	4. LLL	
1. HHL	5. LLH	
2. HLH	6. LHL	
3. HLL	7. Low High High	
Age-group		Monotonic
0. 5 - 8	2. 12 - 15	
1. 9 - 11		

explanatory power of the variance in the dependent variable ---- duration of care. "N" in the box stands for the number of cases which together produced the average number ($\bar{x}$) of days the group of children spent in the reception-assessment resource. The letters "S", "R" and "M", in the boxes stand for the reasons why the various splitting processes stopped. Thus, of all the predictors scanned, the assessment status of a child was selected by the computer as providing the best first split, and it was on this predictor that the original group or sample was split into groups 2 and 3. Group 2 was not split further because it failed to meet the split-

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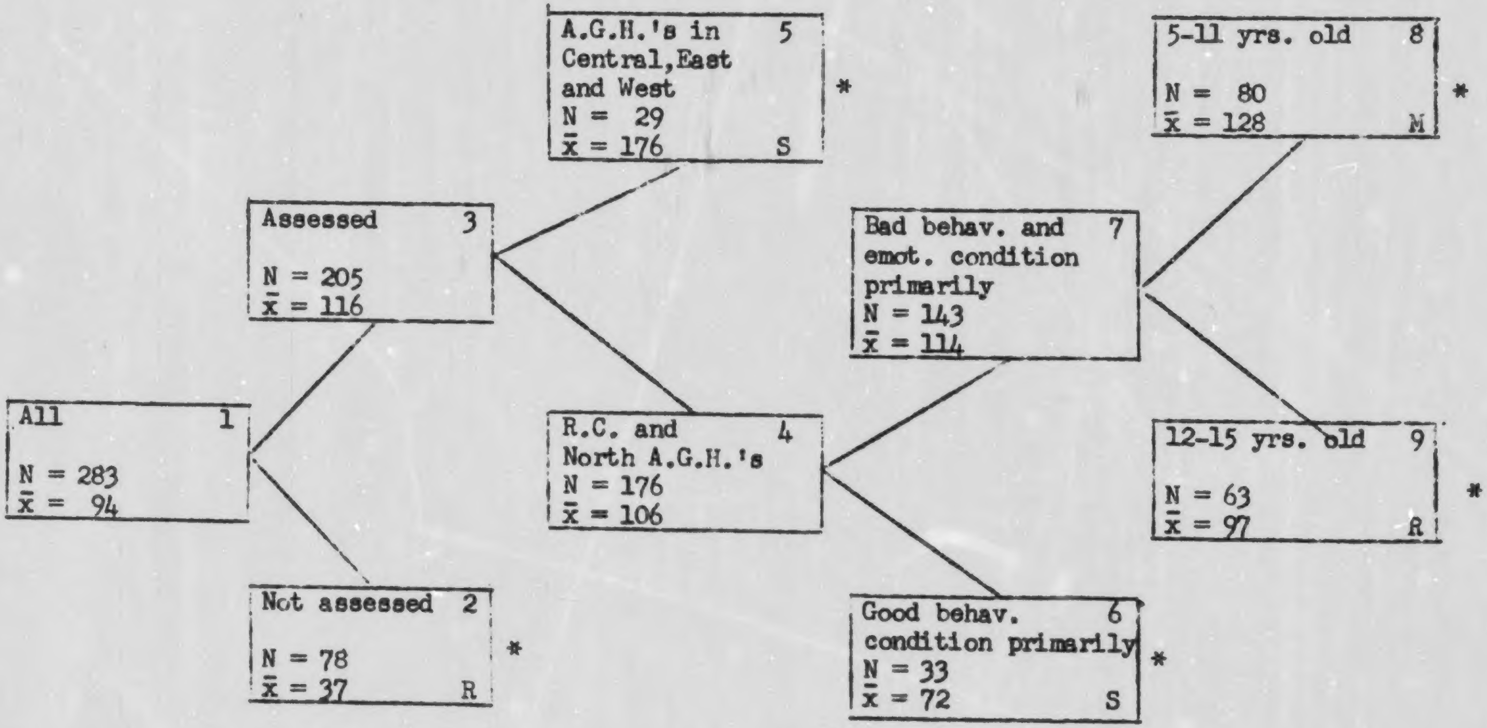
* The first adjective refers to physical/health problems, the second to behavioural problems, and the third to emotional problems.

CHART 5.3

A.I.D. RESULTS TREE FOR AN ANALYSIS OF DURATION OF CARE IN RECEPTION-ASSESSMENT RESOURCE


All 1
N = 283
$\bar{x}$ = 94
Assessed 3
N = 205
$\bar{x}$ = 116
Not assessed 2
N = 78
$\bar{x}$ = 37 R
*
A.G.H.'s in Central, East and West 5
N = 29
$\bar{x}$ = 176 S
*
R.C. and North A.G.H.'s 4
N = 176
$\bar{x}$ = 106
Bad behav. and emot. condition primarily 7
N = 143
$\bar{x}$ = 114
Good behav. condition primarily 6
N = 33
$\bar{x}$ = 72 S
*
5-11 yrs. old 8
N = 80
$\bar{x}$ = 128 M
*
12-15 yrs. old 9
N = 63
$\bar{x}$ = 97 R
*

* = Final group. (The group number appears in the upper right-hand corner inside the box.)
Reason for not splitting final group further:
S = Number of cases too small.
R = Attempted split failed to meet the split-reducibility criterion.
M = Maximum group number reached.

reducibility criterion of 0.01 when it tried on predictor "assessment resource" (see Appendix "O"). Group 3 met well all the criteria specified, and was split on the predictor "assessment resource" into groups 4 and 5. Although group 5 met both the eligibility and split-reducibility criteria, it was not split further because there were not enough cases to warrant a split. The splitting process thus continued in this fashion until none of the criteria specified for this computer run could be met. In all, only four ---- assessment status, type of reception-assessment resource, problem scale, and age-group of the child ---- of the seventeen predictors were used by the computer and succeeded in explaining a significant

TABLE 5.12

CHARACTERISTICS OF A.I.D. FINAL GROUPS*

	N	$\bar{x}$	σ
1. Assessed, Central, East and West A.G.H.'s (Grp. 5)	29	176	86
2. Assessed, R.C. and North A.G.H.'s, primarily bad behavioural and emotional condition, between 5 and 11 years old (Grp. 8)	80	128	58
3. Assessed, R.C. and North A.G.H.'s, primarily bad behavioural and emotional condition, between 12 and 15 years old (Grp. 9)	63	97	56
4. Assessed, R.C. and North A.G.H.'s, primarily good behavioural condition (Grp. 6)	33	72	56
5. Not assessed (Grp. 2)	78	37	40
All	283	94	72

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* The group number in parentheses after a description of the group refers to the final group number identified in chart 5.3. But in our later analyses of the five final A.I.D. groups, for conceptualization purposes, these final groups are to be referred to as groups 1, 2, 3, 4 and 5, in the descending order of their average numbers of days spent in the reception-assessment resource.

portion of the variance in the dependent variable. Table 5.12 describes the characteristics of the five final A.I.D. groups.

It can be seen in table 5.12 that, on the average (arithmetic mean), our 283 children used in the analysis stayed for 94 days with a standard deviation of 72 days. The group of children who stayed for the longest time consisted of those who had been assessed and placed in the A.G.H.'s in the Central, East and West Branches ---- they stayed for 176 days on the average with a standard deviation of 86 days. It therefore appeared that where the child was placed dictated to a significant extent his duration of care, regardless of the influence of other variables. The group that stayed for the next longest time (128 days on the average) was made up of all the children who had been assessed, were placed in the R.C. and the two North Branch A.G.H.'s, had exhibited primarily bad behavioural and emotional condition, and were pre-adolescents. The group which stayed for 97 days had the same attributes of the group which stayed for 128 days except that the children were adolescents instead of pre-adolescents. The difference here in the duration of care between these two groups might be due to the higher confidence of our workers in working successfully with pre-adolescents than adolescents, regardless of their problem state; therefore, pre-adolescents were kept for a longer time than adolescents in the reception-assessment resource. However, as we shall see later, the chance of returning a pre-adolescent with primarily bad behavioural and emotional condition back to his guardian was smaller than that of returning an adolescent with a similar problem condition back to his guardian; and this implied that we were actually not too successful in working with children with bad behavioural and emotional condition, regardless of their age.

The third group of children stayed for 72 days with a standard deviation of 56. The group was made up of children assessed, placed in the R.C. and the two North Branch A.G.H.'s, and with primarily good behavioural and emotional condition. The last group or the group that stayed for the shortest length of time consisted of all those children never assessed during their stay in the reception-assessment resource. The average number of days was 37 but with a standard deviation of 40.

Thus, going back to the four predictors selected by the computer in this A.I.D. analysis, it appeared that the two most powerful ones in accounting for most of the variance in the dependent variable "duration of care" could be called administrative variables ---- i.e., "assessment status of the child" and "type of reception-assessment resource". The other two less powerful ones could be labelled child's variables ---- i.e., "problem condition or scale" and "age-group". Table 5.13 describes the explanatory power of these four predictors, and reveals that while all the four predictors together accounted for 37.8819% of the variance in the dependent variable, "assessment status" alone accounted for 24.1901%. The fact that the two most powerful predictors were administrative variables implied that much of the present dissatisfaction of the functioning of some of the reception-assessment resources, in terms of their inability to provide adequate services to our children who needed assessment, was the result of inappropriate administration of these resources. It would appear that if we could know as soon as possible whether detailed assessment was required for the admitting child, the use of the reception-assessment resource could be brought under predictive control.* Also, if

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* It does not imply here that quick assessment would not be a possibility too to raise the efficiency of the reception-assessment resource. In fact, we have already been shown that assessment of and planning for a child could be done in a much shorter time than presently required in some of the resources.

TABLE 5.13

EXPLANATORY POWER OF PREDICTORS USED IN A.I.D. ANALYSIS OF DURATION OF CARE

Predictor	$BSS_{(i)}$	$BSS_{(i)}/TSS_{(T)}$ *
Assessment status	353211.38	24.1901%
Type of reception-assessment resource	119890.25	8.2108%
Problem scale	46972.313	3.2169%
Age-group	33060.000	2.2641%
Total		37.8819%

the administration of the A.G.H.'s in the Central, East and West Branches were better, higher efficiency could be achieved. Of course, we then would have to ask ourselves what our expectation is of a reception-assessment resource; from our analysis in the beginning of this chapter, it appeared that, on many a good instance, our reception-assessment resources simply were not functioning in the way they should, namely, some of them were used more for holding or placement than for assessment purposes.

The relative unimportance of the two child's variables in explaining duration of care was interesting ---- these two variables together only explained 5.48% of the variance in the dependent variable. This lack of inherent explanatory power of the child's variables further pointed to the fact that duration of care could be brought under predictive control

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* $\frac{\sum_{i=1}^{n=4} BSS_i}{TSS_T}$ roughly equals to multiple R^2 (21,50). $TSS_{(T)}$ in our analysis was 1460145.0.

since it appeared to be primarily an administrative matter. The fact that now, age-group turned out to have some explanatory power of duration of care was not surprising because in this A.I.D. analysis, the interactions among predictors were considered whereas before (see table 5.4), we only looked at its "one-sided" relationship with duration of care.

This A.I.D. analysis would not be complete without looking further into the composition of the five final groups. But before we begin our description, we should discuss briefly the explanatory power of some of the predictors which were not used in creating the final groups. Appendix "O" reveals that child-guardian contact almost "made it" on four splitting occasions ---- in splitting groups 1, 3, 4 and 7. Its explanatory power was always there until it was ruled out by insufficient number of cases in this variable after several splits had been made. The fact that child-guardian contact's explanatory power dropped in group 2 and not in groups 3, 4 and 7 from its original second best position in group 1, after the first split on the variable "completion of assessment" was interesting. It meant that child-guardian contact was related to the assessment status of the child ---- i.e., if a child was not assessed, he would stay for a short time (group 2), and hence there was a small chance for him and his guardian to maintain contact with each other. But for those who were assessed, the opposite was true because maintaining contact might be part of the total casework plan.

"Assessment resource" was used twice in the analysis. In splitting group 2, it was not successful because the split-reducibility criterion could not be met. However, it was on this predicotr-variable that group 3 was split into groups 4 and 5. The use of this predictor on two occasions implied that the type of reception-assessment resource a child had to a significant extent dictated his duration of care.

"Guardian's caring ability" had had a rather low explanatory power until groups 8 and 9 were formed from group 7 by splitting on "age-group" of a child. The two attempts to split on "guardian's caring ability" afterwards implied that this variable was closely related to a child's age.

The splitting of group 3 into groups 4 and 5 on "assessment resource" brought out the explanatory power of a "child's problem scale". It therefore appeared that the problem condition of a child was related to the reception-assessment resource he got. Besides, the observation that "child's problem scale" became the second most powerful predictor in explaining duration of care in group 9 after the predictor "age-group" was used to split group 7 implied that the age of a child and his overall problem condition were associated.*

In exploring further the composition or characteristics of these five final A.I.D. groups identified, we have to treat each of these groups as a distinct entity characterized mostly by its specific length of time in care in the reception-assessment resource. In other words, while we are going to treat these groups as five distinct time-groups, we also have to bear in mind their individual group characteristics. The variables which will be cross-tabulated against these five time-groups are as follows: admission reason, nature of separation, guardian-agency relationship, outside assessment, disposition pattern, availability of placement resource, and replacement experience.

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* Those who are interested in knowing more of the characteristics of the predictors at the various stages of the splitting process, please peruse Appendix "O", which summarizes the results of this A.I.D. analysis.

TABLE 5.14

ADMISSION REASON BY A.I.D. GROUP*
(IN PERCENTAGE)

			Group			
	1	2	3	4	5	All
Temp. fam. prob.	69.0	40.0	20.6	39.4	52.6	42.0
Perm. fam. prob.	6.9	13.8	23.8	36.4	26.9	21.6
Child's prob.	24.1	43.8	50.8	18.2	19.2	33.6
Other	0.0	2.5	4.8	6.1	1.3	2.8
N	29	80	63	33	78	283

$(p < 0.001)$

The purpose of this part of the analysis was to reveal to what extent length of time in care and characteristics of the cases together were related to other variables, especially those concerning disposition.

Table 5.14 reveals a pattern that should be expected. Groups 2 and 3, which consisted of children primarily with bad behavioural and emotional condition had 43.8% and 50.8% respectively of their children admitted into care due to "child's problem". Interesting enough was the fact that both groups 1 and 5 ---- the two polarized time-groups ---- had 69% and 52.6% respectively of their children admitted into care as a result of their temporary family problems. The presence of about a quarter (24.1%) of the children admitted into care to form group 1 due to "child's problem" implied that there was a sizable group of "problem" children in the Central, East and West A.G.H.'s.* With regard to the nature of separation, there was no difference between the groups ($X^2 = 0.3209$, d.f. = 4, not significant). In all the groups, the proportion of voluntarily separated cases was about 77.4%, and involuntary separation constituted about 22.6%.

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* For a description of the A.I.D. group, please go back to table 5.12.

Table 5.15 shows that the group (group 5) that stayed for the shortest time had more guardians who had positive working relationship with the Agency than the other groups ---- 74.7% versus 47.9% (the average of the other four groups). What was interesting too was the tendency of group 3, which had teen-agers with primarily bad behavioural and emotional condition, to have a slightly higher proportion (54%) of "workable" guardians than groups 1, 2 and 4.

TABLE 5.15

GUARDIAN-AGENCY RELATIONSHIP BY A.I.D. GROUP (IN PERCENTAGE)

	Group					
	1	2	3	4	5	All
Positive	44.8	44.3	54.0	48.5	74.7	55.2
Negative	55.2	55.7	46.0	51.5	25.3	44.8
N	29	79	63	33	75	279

($p < 0.01$)

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* Owing to the way these final groups were formed, group 1 may contain some children (both pre-adolescents and adolescents) with good/bad behavioural and emotional condition; group 4 may contain both pre-adolescents and adolescents; and group 5 may contain both pre-adolescents and adolescents, placed in all the reception-assessment resources and with good/bad behavioural and emotional condition.

One would anticipate that the groups which stayed for a longer time would have a bigger chance to have been assessed by outside professional personnel. Indeed, it might be the intention of the reception-assessment resource to keep the child longer so that he could be assessed by outside professionals. Table 5.16 tends to support this line of thought, and reveals that while groups 4 and 5 had less of their children assessed by outside professionals, the chance of the children in the other three groups to receive outside assessment was considerably higher. Further, of all the groups, regardless of length of time in care, group 3 had the highest proportion (55.6%) assessed by outside professionals; this was the group consisted of teenagers with primarily bad behavioural and emotional problems.

TABLE 5.16

OUTSIDE ASSESSMENT BY A.I.D. GROUP (IN PERCENTAGE)

	Group					
	1	2	3	4	5	All
Had outside assessment	51.7	47.5	55.6	33.3	23.1	41.3
No outside assessment	48.3	52.5	44.4	66.7	76.9	58.7
N	29	80	63	33	78	283

($p < 0.001$)

With regard to the disposition of children from the reception-assessment resource, table 5.17 shows that group 5 had 56.6% of its children discharged back home. Although this group made up of all the children not assessed, it was surprising to see that 14.5% of its children had an outside institution for their placement. At the other end of the time-continuum, group 1 had 28.6% of its children gone home and 71.4% ended up in a C.A.S. placement resource. When group 2 was compared to group 3, it was a surprise to see that 31.1% of the teenagers with primarily bad behavioural and emotional problem were discharged back home from group 3; only 17.3% of the pre-adolescents with primarily bad behavioural and emotional condition in group 2 had the same disposition. When it came to placing children in an outside institution, groups 2 and 3 did not differ very much —— 40% versus 47.6%.

TABLE 5.17

DISPOSITION BY A.I.D. GROUP
(IN PERCENTAGE)

	Group					
	1	2	3	4	5	All
Own home	28.6	17.3	31.1	45.5	56.6	35.9
C.A.S. resource	71.4	42.7	21.3	48.5	28.9	37.7
Outside institution	0.0	40.0	47.6	6.0	14.5	26.4
N	28	75	61	33	76	273

($p < 0.001$)

The next two tables should be read together. What table 5.18 reveals is that while every child in groups 1, 4 and 5 seemed to be able to get the best placement resource, those pre-adolescents and adolescents with primarily bad behavioural and emotional condition in groups 2 and 3 were not always placed in the best resources —— 8.9% in group 2 and 17.5% in group 3 did not get the best placement resource. Based on the results obtained from this table, one might tend to think that, firstly, since groups 1, 4 and 5 all got the best placement resources for their children, replacement rate in these three groups would be lower than that

TABLE 5.18

CHOICE OF PLACEMENT RESOURCE BY A.I.D. GROUP (IN PERCENTAGE)

	Group 1	2	3	4	5	All
Got best placement res.	100.0	91.1	82.5	100.0	100.0	92.2
Did not get best resource	0.0	8.9	17.5	0.0	0.0	7.8
N	19	56	40	15	24	154

($p < 0.05$)

TABLE 5.19

REPLACEMENT BY A.I.D. GROUP (IN PERCENTAGE)

	Group 1	2	3	4	5	All
No replacement	65.0	72.6	90.7	72.2	82.4	78.0
Had replacement	35.0	27.4	9.3	27.8	17.6	22.0
N	20	62	43	18	34	177

(Not significant)

in groups 2 and 3, and, secondly, that the longer the group of children were in care, the better the placement outcome would be —— i.e., lower replacement rate —— because better planning could be achieved given sufficient time. Very surprisingly, this did not seem to be the case, as table 5.19 reveals. In the first place, there actually was no difference in the replacement rate between the five groups. Group 3, which was the group whose children were the most unlucky ones in getting ideal placement resources, had the lowest replacement rate of 9.3%. Group 2, whose children were not all the time lucky either, had a replacement rate of 27.4%. Groups 1, 4 and 5, all of whose children had no problem getting the best placement resources, had respectively 35%, 27.8% and 17.6% as their replacement rates. It therefore appeared that there was not a close, positive association between getting a good placement resource for the child and a low replacement rate afterwards. Inthe second place, there did not appear to exist a positive relationship between duration of care and permanency of later placement. In fact, table 5.19 shows a tendency of a reverse but somewhat random relationship between these two variables. Comparing the two extreme time-groups in table 5.19 showed a negative association: group 1 had a replacement rate of 35%, whereas group 5 had 17.6%. The findings therefore indicated that long-term assessment (if this was the intention to keep children in the resource for such a long time) had questionable pay-off in terms of securing a "good" placement resource for the child, and tended to support Henry Maas's recent observation on the same line (27). On the contrary, with regard to the second point, our data tended to say that placing a child quickly would entail greater success in terms of achieving permanency.

Let us leave aside this disturbing finding and turn to a brief examination of the 14 children who had stayed for more than 300 days in the reception-assessment resource and who were deleted from the A.I.D. analysis to avoid contamination of the analysis and results. A simple frequency count of these 14 cases on the four predictor variables selected by the computer in the above A.I.D. analysis revealed the following results: 12 of these 14 cases had been assessed. Six of these 14 children stayed in the Central Branch A.G.H., 2 in the West Branch A.G.H., and 3 each in the R.C. and the first North Branch A.G.H. With regard to their problem condition, 4 of the 14 had bad condition in both the behavioural and emotional areas, 2 had bad behavioural condition but good emotional condition, 2 had good behavioural condition but bad emotional condition, and 4 had good condition in both areas. Their age-group distribution was: 5 were between 5 and 8 years old, 3 between 9 and 11 years old, and 6 between 12 and 15 years old. On the whole then, a typical child who staye. in the reception-assessment resource for over 300 days could have a combination of the following characteristics: assessed, placed in the Central Branch A.G.H., with bad behavioural and emotional condition, and being a teen-ager.

D. Summary ----

In this chapter, two major things were looked at: the pattern of flow of children in and out of the various reception-assessment resources, and the phenomenon called "duration of care". The whole intention of this chapter was to reveal objectively, and from as many angles as possible, the true situation in our reception-assessment resource.

In the examination of the pattern of flow of children, three different sets of data ---- the movement rate, the turn-over rate, and the proportions of children assessed in the various resources ---- were compared. Two major things were revealed. Firstly, according to our analysis, most children were assessed and discharged between three and five months. However, the fact that the R.C. and the second North Branch A.G.H. could maintain the highest movement rates, and turn-over rates, while at the same time they had most of the children in their populations assessed, implied that if sufficient control was exercised, much more children could be assessed and planned for within a much shorter time than presently required. Secondly, except the R.C. and the second North Branch A.G.H., our reception-assessment resource seemed to have failed to achieve its original objective of assessment, as the name of the resource implied.

Although admitting children outside the age-brackets specified for its operation could be excused especially under emergency condition, using the resource for holding ---- especially long-term ---- or placement purposes appeared to be undesirable. In doing this, while we thought our children could be benefitted by having a good place to stay, we were at the same time unintentionally robbing the privileges of many other children who needed the facility as much as, or even much more than, those children already in it. The whole problem appeared to be due to both an error in judgment and inadequate control of the resource. Of course, improving the efficiency and effectiveness of our reception-assessment resource would necessarily involve mobilization of resources and re-organization of caseload of the workers concerned. This could be an expensive undertaking; but then we have to ask ourselves what we would like to see happen in our reception-assessment facility.

We then identified those factors which affected duration of care. It appeared that those variables, in addition to the type of reception-assessment resource, which had cogency in this prediction were: marital status of guardian, caring ability of guardian, assessment status of child, child-guardian contact, and behavioural-emotional condition of child. Our findings therefore both supported and contradicted research results obtained elsewhere. An A.I.D. analysis of 17 predictors further supported our initial findings, and revealed that the two administrative variables ---- assessment status of child and type of reception-assessment resource ---- identified were the most influential ones in explaining duration of care. The two child's variables ---- problem scale and age-group ---- were surprisingly found to have only minor explanatory power. This A.I.D. analysis further pointed to the conclusion that duration of care of children in the reception-assessment resource could be brought under predictive control because it was primarily an administrative matter. These four variables together explained almost 38% of the variance in the dependent variable.

A further analysis of the A.I.D. groups was undertaken. Admission reason, nature of separation, guardian-agency relationship, outside assessment, disposition pattern, availability of placement resource, and replacement experience were tabulated against these A.I.D. groups. The most disturbing finding that emerged from this part of the analysis tended to say that long-term assessment (if it was our intention to keep children in the reception-assessment resource for a long time) would lead to questionable pay-off in terms of placing them in "ideal" resources later on. The results obtained from all these analyses in this chapter suggested that although the situation in our reception-assessment resource had much to be desired for, it could be improved through appropriate administrative control.

CHAPTER VI

DISPOSITION

When a child is discharged from the reception-assessment resource, he is likely sent to one of the three following places: his own home, a C.A.S. placement resource, or an outside placement resource (usually an institution). Within the last two categories of placement resources are a myriad of specific types of resources found.* Although there are no concrete guidelines ---- except what was stated in Hypothesis 2 and its related assumptions in Chapter II ---- in placing children discharged from the reception-assessment resource, there must implicitly exist a set of "norms" among the social workers in doing this job. Thus, by analyzing the data, a pattern could become visible. Once we know of this pattern ---- i.e., what kinds of children were placed in what kinds of resources ---- and are given information on the characteristics of cur incoming children, better planning for resources can be undertaken. Besides, ideas with regard to appropriateness of existing mode of service-delivery could be gained by learning from what we have done. In other words, unless we know what the strengths and weaknesses of the system are, planning can be done only on a hit-and-miss basis. The objective of this Chapter therefore is to describe the system the way it has been, with a view to identifying its strengths as well as weaknesses. Hypothesis 2 will be used to guide the analyses, and findings obtained elsewhere will be compared with ours, wherever appropriate.

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* In our following analyses, these specific placement resources (e.g., specialized foster home, regular foster home, hostel, own institution, Ontario Department of Health institution, training school, etc.) are to be grouped, unless a peculiar situation arises which warrants closer examination of these specific resources. Although this approach undoubtedly ignores the internal variation of grouped resources, this remains the only logical and practical way to compare differences due to the wide range of placement resources used. Besides, it is believed that when grouped resources are compared, differences between them tend to stand out more distinctly, since inter-group differences are greater than intra-group differences, at least most of the time.

A. Disposition Pattern of R.C. and A.G.H. Children ----

Hypothesis 2 said that we would expect that placement of A.G.H. children was different from that of R.C. children. We assumed that because the R.C. children tended to have more serious problems than the A.G.H. children, they would likely be discharged more to institutions or related types of placement resources. To test out these statements, two questions had to be answered. Firstly, was there actually a difference between R.C. and A.G.H. dispositions? Secondly, if yes, why was there a difference; if no, why was there no difference? Further, how feasible would it be to use admission data to predict disposition?

Table 6.1 shows that there was indeed a difference in the disposition of children from these two types of reception-assessment resources. Essentially, approximately equal proportions of children from the R.C. were distributed in the three patterns of disposition ---- 32.8% went home, 30.7% were placed in the C.A.S. resources, and 36.5% in the outside resources (primarily institutional types of settings). On the other hand, the way that the A.G.H. children were placed contrasted sharply with the placement pattern of the R.C. children. Slightly more than half (51.6%) of the A.G.H. children were placed in the C.A.S. resources; 42.9% odd of these children were discharged back home direct from the A.G.H.; and only 5.5% of them had institutional placement. Let us now turn to the identification of those variables which were influential in shaping the disposition of children.

TABLE 6.1

DISPOSITION BY RECEPTION-ASSESSMENT RESOURCE----GROUPED DATA (IN PERCENTAGE)

	R.C.	A.G.H.	All
Back home	32.8	42.9	36.0
C.A.S. resource	30.7	51.6	37.5
Outside institution	36.5	5.5	26.5
N	192	91	283

($p < 0.001$)

Fanshel found that admission reason was related to the placement resource a child got. Those children who returned home had primarily "parental illness" as one of their admission reasons. In our research, parental illness was grouped under "temporary family problem" ---- see Chapter II ---- and this variable was found to be somewhat but not convincingly related to the child's being returned home.

TABLE 6.2

DISPOSITION BY ADMISSION REASON (IN PERCENTAGE)

	Temp. fam. problem	Perm. fam. problem	Child's problem	Other
Back home	43.5	44.1	20.7	37.5
C.A.S. resource	43.5	32.2	30.4	62.5
Outside resource	12.9	23.7	48.9	0.0
N	124	59	92	8

($p < 0.001$)
(Cramer's V = 0.2712)

Table 6.2 reveals that while 43.5% of the children admitted into
r temporary family problem
care were discharged back home direct from the reception-assessment resource, the same proportion of children were placed in a C.A.S. resource.

More surprising, a similar proportion (44.1%) of the children admitted under permanent family problem were sent home. Perhaps, our results resembled those found by Fanshel, Hylton and Borgatta in 1963 that institutionalized children tended to exhibit bad behavioural problems: we can see in table 6.2 that almost half (48.9%) of our children admitted into care due to their own problems were placed eventually in an outside resource (institution).

We have found that of the three main independent variables identified (i.e., physical/health condition, behavioural condition and emotional condition) in influencing the selection of a reception-assessment resource for a child, a child's behavioural condition appeared to be the most important variable of the three, followed by his emotional condition, and that his physical/health condition had no cogency at all in predicting the selection phenomenon ---- see Chapter IV. We wanted to find out, at this disposition stage, if these three independent variables continued to have any influence on the selection of a placement resource for a child. If they had any cogency in predicting, which one of these variables was the best one? If they were found to have no predictive power at all, which other variables could be used to predict instead?

Table 6.3 shows that a child's physical/health condition was not related to his disposition. Children with good or bad physical/health condition had the same chance of being sent to a certain placement resource. For example, 36.0% of the children with good physical/health condition versus 36.2% of them with bad physical/health condition went home. This variable therefore again was of no predictive power in the disposition stage.

TABLE 6.3

DISPOSITION BY PHYSICAL/HEALTH CONDITION (IN PERCENTAGE)

	Good	Bad
Back home	36.0	36.2
C.A.S. resource	37.4	37.7
Outside resource	26.6	26.1
N	69	214

(Not significant)

TABLE 6.4

DISPOSITION BY BEHAVIOURAL CONDITION AND EMOTIONAL CONDITION (IN PERCENTAGE)

	Behavioural				Emotional		
	Good	Fair	Poor	V.poor	Good	Fair	Poor
Own home	52.6	43.5	29.9	17.6	51.7	25.7	13.2
C.A.S. resource	47.4	46.8	29.9	26.5	34.5	44.3	36.8
Outside resource	0.0	9.7	40.3	55.9	13.8	30.0	50.0
N	76	62	77	68	145	70	68

Behavioural: ($p < 0.001$) (Cramer's V = 0.3645)

Emotional: ($p < 0.001$) (Cramer's V = 0.2861)

When we look at table 6.4, we find that both behavioural condition and emotional condition were related closely to disposition. In the behavioural condition table, we can see that the worse a child's behavioural condition was, the less likely he would be sent home ---- the chance decreased from 52.6% to 17.6% through 43.5% and 29.9%. A similar trend appeared to exist in the group that got a C.A.S. placement resource ---- the chance decreased from 47.4% to 26.5% as a child's behavioural condition got worse. Then, of course, the same table shows that getting an outside placement resource was directly related to a child's behavioural condition; but his chance of being sent to an outside placement resource increased abruptly when the behavioural condition was poor or worse than when it was fair ---- from 9.7% for fair to 40.3% for poor and 55.9% for very poor. This sudden jump in percentage implied that as soon as a child was recognized as having bad behavioural condition, his chance of being sent to an outside institution increased suddenly. Our findings therefore tended to render more support to the results obtained by Fanshel, Hylton and Borgatta in 1963.

With regard to the relationship between emotional condition and disposition, table 6.4 shows that a pattern similar to that between behavioural condition and disposition existed. If a child had good emotional condition, slightly more than half of the time (51.7%) he was sent home. A fair emotional condition would give him a good chance (44.3% of the time) of being placed in a C.A.S. resource. However, if a child had poor emotional condition, exactly half of the time he would get an outside institutional placement. However, the degree of mutual association between the two variables involved was stronger in the former table than in the latter one, as measured with Cramer's V ---- 0.3645 versus 0.2861.

When both behavioural and emotional conditions were dichotomized and combined, their new relationship with disposition is shown in table 6.5. We can see that if a child had good behavioural as well as good emotional condition, he was either sent home or placed in a C.A.S. resource, depending on probably his returnability. His chance of being sent to an outside placement resource was almost nil (1.1%). A real problem child with bad condition in both areas had a small chance (12%) of returning home immediately after discharge from the reception-assessment resource, but was rather likely (54.3% of the time) placed in an outside institution. Since it had been found that getting the right resource for a child did not appear to be a problem, the fact that one-third (33.7%) of these children were placed in a C.A.S. resource suggested that our Agency seemed to be able to handle some of these problem children, perhaps as well as some of the outside institutions. Further light was shed when we compared those children who had bad behavioural but good emotional condition with those who had good behavioural but bad emotional condition. We can see that if a child was behaviourally bad only, he had a chance 24.9% (35.8 - 10.9) bigger than his counterpart with bad emotional condition only of being sent to an outside institution for placement. This latter group of children were rather likely (54.3%) placed in a C.A.S. resource, compared to only 18.9% of the children who were behaviourally bad only. Therefore, it appeared that our Agency was more able to handle children with emotional problems than those with behavioural problems; also, as long as a child had bad emotional problem, regardless of his behavioural condition, our Agency tended to try to cope with his problems.

TABLE 6.5

DISPOSITION BY COMBINED BEHAVIOURAL AND EMOTIONAL CONDITION (IN PERCENTAGE)

	Bad	Bad	Good	Good	(Behav.)
	Bad	Good	Bad	Good	(Emot.)
Own home	12.0	45.3	34.8	55.4	
C.A.S. resource	33.7	18.9	54.3	43.5	
Outside resource	54.3	35.8	10.9	1.1	
N	92	53	46	92	

($p < 0.001$)
(Cramer's V = 0.4012)

The existence of some treatment-oriented placement resources in our Agency was probably the reason for this sizable aggregation of children with emotional problems to be found in our resources.

We found that "police record" correlated perfectly with "behavioural condition", i.e., if a child had a record, he was also rated as having bad behavioural condition ---- see table 4.24 ---- one would wonder how having a police record could affect a child's disposition pattern. Table 6.6 shows that those children with a police record were much more likely than those without to be sent to an outside institution for placement ---- 34.3% (52.3 - 18.8) more likely. Whereas those children without a police record had a bigger chance of going home or getting a C.A.S. placement resource. This table therefore rendered more support to our observations in table 6.4 that those children who got an institutional placement were likely behaviourally bad.

TABLE 6.6

DISPOSITION BY POLICE RECORD
(IN PERCENTAGE)

	Had record	No record
Own home	21.5	40.4
C.A.S. resource	26.2	40.8
Outside resource	52.3	18.8
N	65	218

($p < 0.001$)
(Cramer's V = 0.3202)

Sex, ethnicity, I.Q., and previous admission were all found to be unrelated to disposition with small chi-square values. This finding therefore helped to indicate the inappropriateness in attempting to use certain basic information available upon the admission of a child to predict disposition. Surprisingly, while we found that if a child had maintained contact with his guardian, he would likely stay in the reception-assessment resource for a longer time than the child who had not maintained contact with his guardian (see table 5.9), and while we thought child-guardian contact could serve as an indication of workability of a case, table 6.7 tells us that whether or not there was child-guardian contact, there was not significant difference in the disposition

TABLE 6.7

DISPOSITION BY CHILD-GUARDIAN CONTACT (IN PERCENTAGE)

	Had Contact	No Contact
Own home	34.0	42.9
C.A.S. resource	40.6	27.1
Outside resource	25.5	30.0
N	212	70

(Not significant)

pattern of the children. Although those children who had not maintained contact with their guardians tended to be discharged home and to be placed in an outside institution more than those who had maintained contact with their guardians, on the whole, these differences appeared to be due to mere chance. In other words, if our interpretation of the meaning of child-guardian contact was correct, it seemed to be that whether or not the guardian expressed interest in the child was unrelated to his disposition pattern. This in turn suggested that disposition pattern was perhaps not as much related to the guardian's expressed ability as it was to other factors.

The evaluation of the guardian's ability to care for the child, as it was identified in the file and record, was found to be closely associated with a child's disposition pattern. Table 6.8 shows that if a child's guardian was recognized as unable to care for the child, the child would have a very small chance (6.7%) of going home direct from the reception-assessment resource. But if the guardian was able or seemed to be able to care for the child, the child had a 57.8% chance of going home. Children with unable guardians also tended to be sent to an outside institution for placement more often than those with able or near-able guardians (45.8% versus 12.4%). This finding therefore suggested that the worker's assessment of the total family situation was quite important in determining where the child would go.

TABLE 6.8

DISPOSITION BY GUARDIAN'S CARING ABILITY (IN PERCENTAGE)

	Able or doubtful	Unable
Own home	57.8	6.7
C.A.S. resource	29.8	47.5
Outside resource	12.4	45.8
N	161	120

($p < 0.001$)
(Cramer's V = 0.5482)

When we look at the relationship pattern of a child in tables 6.9 and 6.10, we realize that all the tables display a similar trend. As long as a child could not get along with the person concerned, he had a smaller chance of going home but had a bigger chance of being placed in an outside institution (except where the person involved was his sibling). On the other hand, if a child could establish a good relationship with

TABLE 6.9

DISPOSITION BY CHILD-GUARDIAN RELATIONSHIP AND CHILD-SIBLING RELATIONSHIP (IN PERCENTAGE)

	Child-guardian		Child-sibling	
	Positive	Negative	Positive	Negative
Own home	57.5	19.0	39.2	17.4
C.A.S. resource	37.5	38.0	45.4	52.2
Outside resource	5.0	43.0	15.4	30.4
N	120	158	130	46
	($p < 0.001$) (Cramer's V = 0.4853)		($p < 0.002$) (Cramer's V = 0.2280)	

TABLE 6.10

DISPOSITION BY CHILD-WORKER RELATIONSHIP AND CHILD-PEER RELATIONSHIP (IN PERCENTAGE)

	Child-worker		Child-peer	
	Positive	Negative	Positive	Negative
Own home	38.8	27.9	42.0	28.7
C.A.S. resource	48.2	27.0	46.4	30.1
Outside resource	12.9	45.1	11.6	41.2
N	139	122	138	136
	($p < 0.001$) (Cramer's V = 0.3604)		($p < 0.001$) (Cramer's V = 0.3362)	

people, he had a small chance of being sent to an outside institution, although his chance of returning home was not particularly maximized (except where the person involved was his guardian). Comparing all the four tables and the Cramer's V values obtained, it appeared that the child-guardian relationship pattern was the strongest one in its ability to predict a child's disposition. If a child could get along well with his guardian, his chance of being sent to an outside institution for placement was only 5%, whereas his chance of returning home direct from the reception-assessment resource was greatly maximized (57.5%). However, negative child-guardian relationship would result in a trend opposite: a 43% chance of going to an outside institution but only a 19% chance of returning home directly.

The significant association between guardian-agency relationship and disposition in table 6.11 reveals that if a child's guardian was workable, the child was much more likely returned home than a child whose guardian could not co-operate with the Agency ---- 44% versus 26.4%.

TABLE 6.11

DISPOSITION BY GUARDIAN-AGENCY RELATIONSHIP (IN PERCENTAGE)

	Positive	Negative
Own home	44.0	26.4
C.A.S. resource	34.7	40.3
Outside resource	21.3	33.3
N	150	129

($p < 0.01$)
(Cramer's V = 0.1924)

The existence of this relationship between the two variables was expected because we would have more confidence to return a child successfully to a guardian who was workable and co-operative than to one who could not accept the Agency's assistance. But what was not clear was how guardian's caring ability was associated with guardian-agency relationship because there was good reason to suspect that if a guardian was co-operative with the Agency, he was likely perceived as able to cope with his child's problem and care for him. Appendix "L" tells us that the correlation coefficient calculated for these two variables was 0.46, an obviously high value; and table 6.12 clarifies the meaning of this correlation coefficient. We can see that if a guardian had positive working

TABLE 6.12

GUARIDAN'S CARING ABILITY BY GUARDIAN-AGENCY RELATIONSHIP (IN PERCENTAGE)

	Positive	Negative
Able or doubtful	73.4	37.0
Unable	26.6	63.0
N	154	138

($p < 0.001$)

relationship with the Agency, 73.4% of the time he was considered as able to look after his children, and only 26.6% of the time as unable. If a guardian was unworkable, slightly less than two-thirds of the time he was said to be unable to care for his children, and 37% of the time as able. Although this was a significant pattern and confirmed our hunch above, it was not a definite trend meaning that perception of a guardian's caring ability was not all the time affected by the extent of co-operation of the guardian with the Agency. In other words, expression of co-operation might not necessarily imply that the guardian was able to care for his children: it appeared that our worker would evaluate the actual ability of the guardian based on various kinds of information and not only on the expressed co-operation of the guardian. This probably helped to explain why guardian's caring ability was a much more powerful predictor of disposition than guardian-agency relationship, as measured with Cramer's V.

Maas and Engler first brought to our attention the disturbing negative relationship between duration of care and chance to return child home. Jenkins, Maas, Fanshel and others further confirmed overwhelmingly this observation. In our study, we tended to find a similar pattern, as shown by table 6.13. As time passed by, less and less children were returned home ---- the proportion dropped from 50% in the first 35 days to 25.4% after 150 days. This decline, however, was not a steady one and the sharpest drop occurred between 86 and 150 days ---- from 41.4% down to 25.7% ---- and after this period of time, there was almost no change in the proportion of children who were sent home, i.e., all the time about 25%. However, it was not too clear whether or not disposition was actually related to duration of care; put it the other way, we would like to find out to what extent the predictive power of duration of care persisted when the effect of guardian's caring ability ---- the strongest predictor identified thus far ---- was removed. The result is evident in table 6.14.

TABLE 6.13

DISPOSITION BY DURATION OF CARE
(IN PERCENTAGE)

	Day			
	8-35	36-85	86-150	151-867
Own home	50.0	41.4	25.7	25.4
C.A.S. resource	26.3	37.1	44.3	43.3
Outside resource	23.7	21.4	30.0	31.3
N	76	70	70	67

($p < 0.05$)
(Cramer's V = 0.1611)

We can easily see that in the group which consisted of able or near able guardians, the original relationship between duration of care and disposition diminished significantly. This meant that regardless of how long a child stayed in the reception-assessment resource, as long as he had an able guardian who could care for him, his chance of returning home was always big: this ranged from 47.1% to 66% depending on what time-period was being considered. In this able-parent-group, even if a

TABLE 6.14

DISPOSITION BY DURATION OF CARE, CONTROLLING FOR GUARDIAN'S CARING ABILITY (IN PERCENTAGE)

	Able or doubtful				Unable			
	8-35	36-85	86-150	151-867	8-35	36-85	86-150	151-867
Own home	66.0	61.0	51.5	47.1	9.5	13.8	2.7	3.0
C.A.S. resource	28.3	31.7	33.3	26.5	19.0	44.8	54.1	60.6
Outside resource	5.7	7.3	15.2	26.5	71.4	41.4	43.2	36.4
N	53	41	33	34	21	29	37	33
	(Not significant)				($p<0.05$) (Cramer's V = 0.2325)			

child had to stay in care after discharge from the reception-assessment resource, a C.A.S. placement resource was mostly used. On the other hand, in the unable-parent-group, some interesting results were obtained. Although this table was statistically significant, meaning that disposition and duration of care were associated, the pattern in this table was somewhat different from that in table 6.13. It appeared that if the worker could determine that the guardian was unable within 35 days, the child would very likely (71.4%) be sent to an outside institution for placement. After this time, the use of the Agency's own placem[illegible] resources became more frequent, though a good proportion (about [illegible]%) of the children continued to be placed in an outside institution. When these two sub-tables in table 6.14 were compared with each other, it was evident that duration of care alone could not actually be used to predict disposition, i.e., the likelihood that a child would be sent home. The finding (as reported by Maas and Engler, Maas, Jenkins, Fanshel and others) that the longer a child stayed in care, the less likely he would go home appeared to have just scratched the surface of a rather complex phenomenon. In our study, we found a similar relationship too, but when the caring ability of the guardian was considered at the same time, this original relationship became rather weak, suggesting that returnability of a child to his guardian was related more to the functioning of the guardian rather than to the length of time a child was in care. Of course, our study concentrated on a specific group of children in care and did not use a follow-up design, but our findings did suggest that the relationship between duration of care and disposition should warrant further analytic attention and a different analytic approach, i.e., maybe we should emphasize more on the discharge phenomenon than the duration-of-care phenomenon, since it appears that no researcher has been too successful in identifying which variables were actually the more powerful ones in predicting duration of care.* By tackling the problem in the other way, we might be able to come up with better ideas about the placement phenomenon.

B. Specific Resources Used ----

In Chapter III, we realized that 64% of our 283 children, who had been discharged from the reception-assessment resource and who were placed in a classifiable resource, were not sent home, and that of those who were placed in a C.A.S. resource, the regular foster home was most frequently used. Those who were placed outside the Agency, the institution for emotionally disturbed was used most often. Also, in Section A of this present chapter, we had identified some variables which were associated with disposition. The purpose of this part of the description is to find out what kinds of placement resources were specifically used by the children placed. The result of this could reflect two things: firstly, what kinds of children we could handle more comfortably, and secondly, what kinds of placement resources would likely be required assuming that the placement pattern identified remained constant. From this, more light could be shed on the strengths and weaknesses of the existing system.

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* For example, using multiple regression analysis, the 15 predictors used by Fanshel could only explain 7.7% of the variance in the dependent variable "duration of care". (See Chapter I.)

The variables to be included in this part of the analysis were confined to those which were found to have strong association with disposition, as measured with Cramer's V*, as well as conceptually distinct from each other. As a result, guardian's caring ability, child-peer relationship, behavioural condition and emotional condition were chosen for inclusion. These four variables represented both the functioning of the child as well as that of his guardian. Because of the large number of placement resources used, to present them in tabular form would be cumbersome; instead, the pattern of use of these resources would be described in chart form. This way of presenting the data could enable us to visualize easily the differences in the use of these resources by the various types of children. But, to standardize the comparative procedure, all these four variables were dichtomized, positive attributes presented first, and then negative attributes. Also, the only specialized foster home in the sample was to be classified as a regular foster home, the only hostel used as a group home, and the only institution for children with behavioural problems as a training school. The results are represented by the two following charts.

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* To limit the number of variables for inclusion, only those with a Cramer's V greater than 0.28 were selected.

CHART 6.1

CURVE CHART SHOWING USE OF PLACEMENT RESOURCES BY CHILDREN WITH POSITIVE ATTRIBUTES ON FOUR VARIABLES

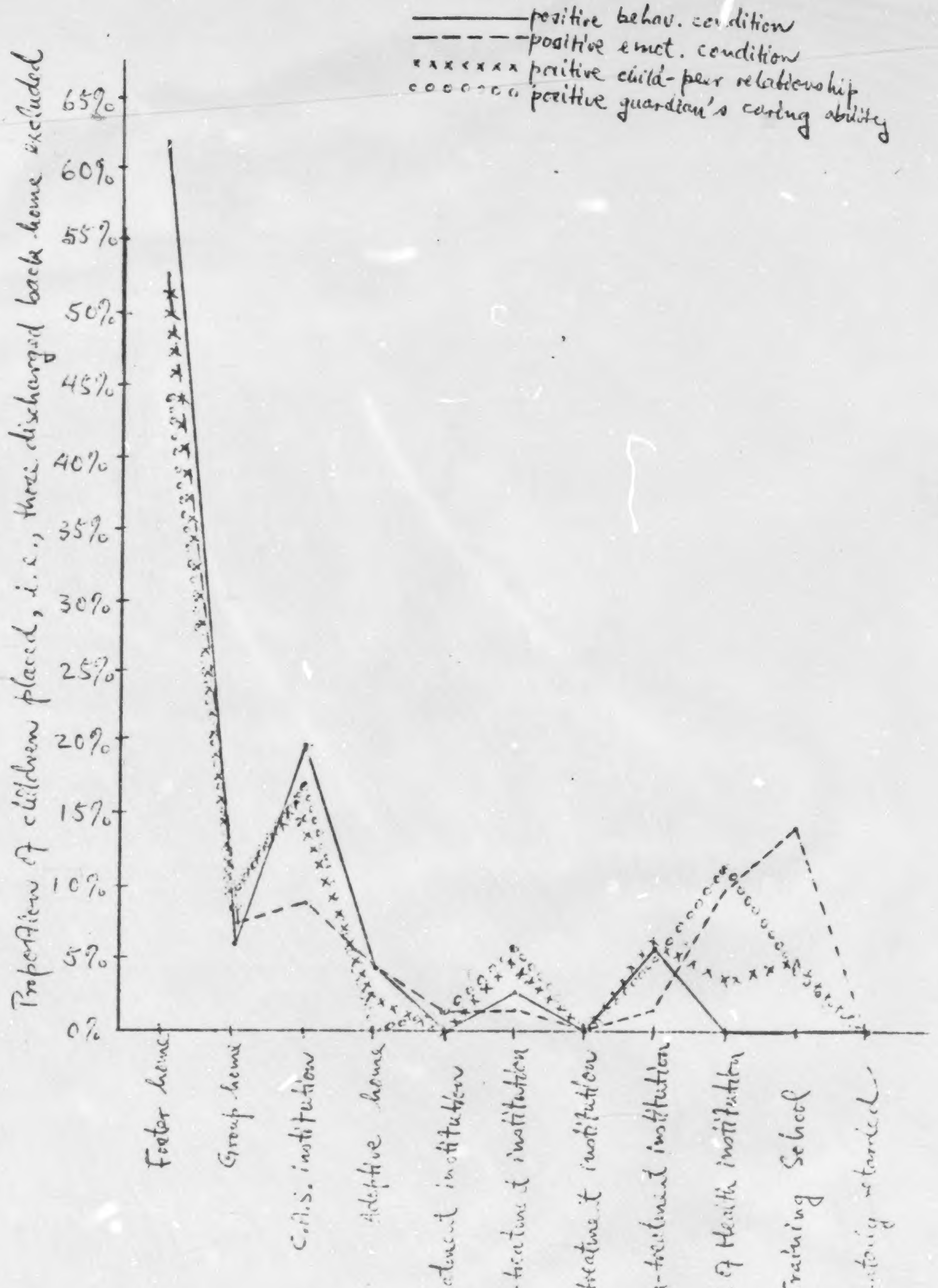
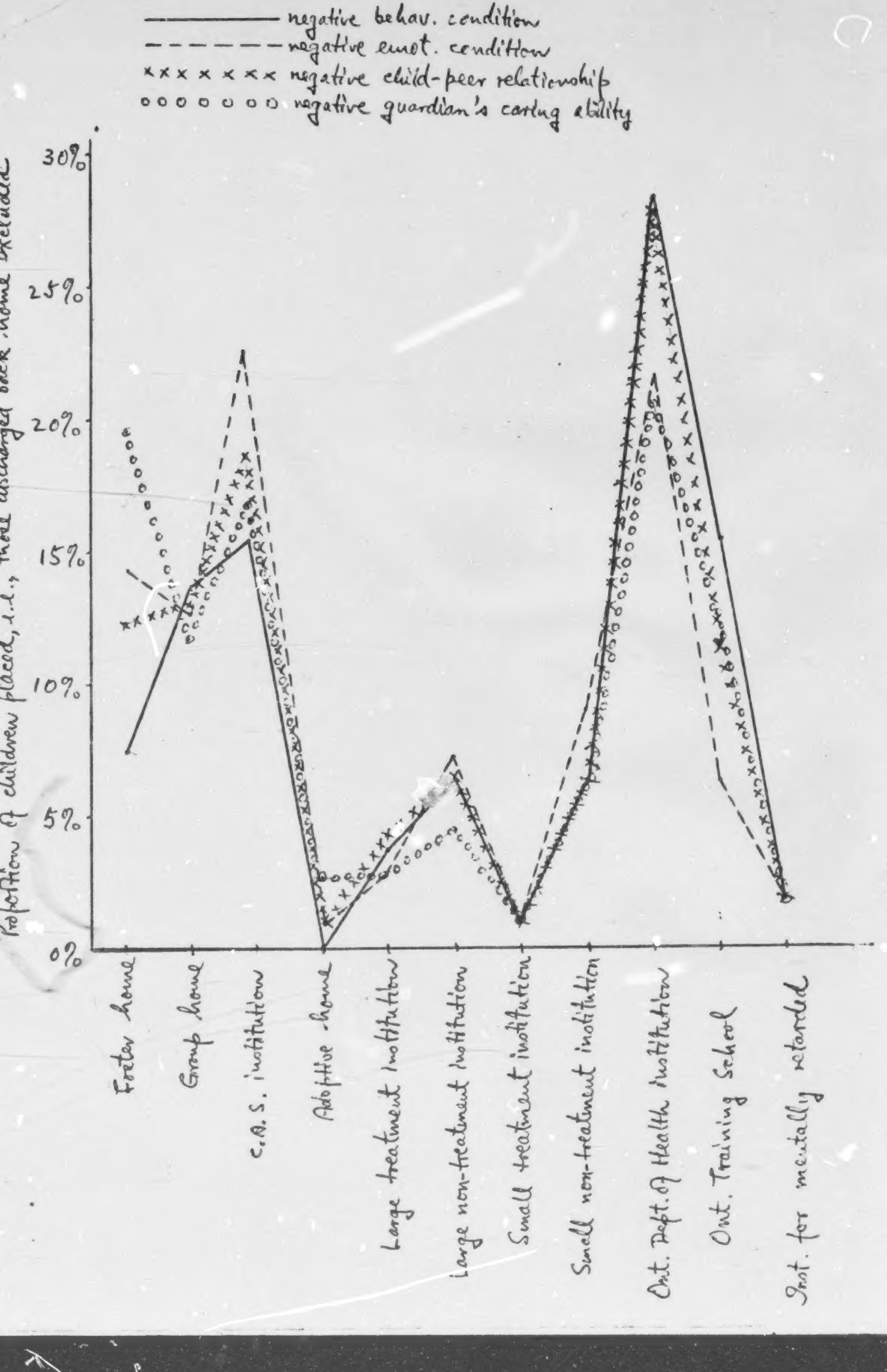


CHART 6.2

CURVE CHART SHOWING USE OF PLACEMENT RESOURCES BY CHILDREN WITH NEGATIVE ATTRIBUTES ON FOUR VARIABLES



In chart 6.1, which describes the use of the various placement resources both inside and outside the Agency by children with positive attributes on these four variables selected, we can see that the regular foster home of the Agency was most often used by these children. On the other hand, the Ontario Department of Health institution was most frequently used by children with negative attributes (see chart 6.2). It appeared that those children who were sent to the Ontario Department of Health institution were very likely described as having negative or bad behavioural problems as well as negative child-peer relationship. Although a good proportion (21.62%) of the emotionally bad children who were placed were found in this kind of institution, a slightly higher proportion (22.52%) of them ended up in a C.A.S. institution. This supported our earlier observation (see table 6.5) that our own staff seemed to be rather confident in their work with emotionally disturbed children. The fact that only 7.27% of our behaviourally bad children were placed in the foster home, and 28.18% of these children (who likely had emotional problems too) were placed in the Ontario Department of Health institution suggested that as long as a child was behaviourally bad, we would not take the risk of placing him in our own resources, with perhaps the exception of our group homes which had, as shown in chart 6.2, 13.62% of all these behaviourally bad children who were also likely to do less than well in the other three areas. The few who were placed on adoption tended to have guardians who were unable, and to be behaviourally and emotionally good: this was expected. While the large treatment institution was used primarily by children who could not get along well with their peers and by those who had evidence of bad behavioural condition, both the large non-treatment institution and the small non-treatment institution were used more by those who had bad emotional problems. As expected, the training school appeared to be used mainly by the behaviourally bad children. Finally, the two children who were placed in an institution for the mentally retarded were found to possess all the negative attributes in addition to being mentally retarded, and the small treatment institution was found to be for use mainly by children with negative attributes in all the four areas considered.

The overall impression that these two charts together convey was that there appeared to exist a definite pattern in the placement of children, i.e., some placement criteria undoubtedly were at work, maybe implicitly. The whole effort of our workers seemed to be one of "matching" the needs of a child with the caring potential of the placement resource. For example, the training school was used primarily for the placement of behaviourally bad children, and the Department of Health institution for the placement of behaviourally bad children who were likely to be emotionally disturbed as well. However, it remained unclear as to how the four types of treatment/non-treatment institutions were used. Perhaps, the number of children we had in each of these four types of institutions was too small to enable us identify a steady pattern, or perhaps the classification of these institutions was not a sensitive one.

In the placement of children, our approach appeared to be a cautious one. We seemed to be particularly less confident in the handling of children with behavioural problems. The under-use of regular foster homes for these children perhaps implied that our experience told us these homes simply failed to cope with them. When we had a child with behavioural problems, our data suggested that we either placed him in a group home, one of our institutions (if he likely had emotional problem as well) or an outside institution —— the Ontario Department of Health institution or the training school, depending on whether or not he was likely to be emotionally disturbed. How successfully these various resources could cope with these problem children is beyond the question here; but the data did indicate that our resources were limited in ability to absorb most of these children.

Both charts show that in placing children in the various specific resources, information on behavioural condition and emotional condition was relied on heavily. The fact that child-peer relationship looked significantly related to the placement resource selected was perhaps not a surprise because Appendix "L" indicates that child-peer relationship correlated positively and closely with behavioural condition ($r_{tet} = 0.72$). This meant that if a child had good relationship with his peers, he would quite likely have good behavioural condition, or that if he could not get along with his peers, his behavioural condition would likely be bad. This high correlation therefore showed itself in the two charts in that the behavioural condition curve and the child-peer relationship curve tended to come very close to each other, especially in chart 6.2 when negative attributes were considered. This use of informational factors in placing children in the various resources was interesting because it appeared that while the guardian's caring ability was most important in deciding whether the child was to be returned home or not, the child's personal problems stood out more distinctly in their influence on the kind of placement resource that would be selected for him. However, this phenomenon simply reflected the kinds of operational objectives associated with the various resources. In a way, therefore, the placement of children followed a somewhat definite pattern, which will be examined further in Chapter VIII.

C. Summary ----

Two major findings emerged from the analysis in this chapter. Firstly, while we found, as hypothesized, that the R.C. tended to send its children more to outside institutions and our own resources for placement than back home, and that the A.G.H. children had a bigger chance of going home direct and a small chance of being placed in an outside institution, we realized that the single strongest variable in predicting disposition ---- returning home or getting placed ---- from the reception-assessment resource was the guardian's caring ability. Child-guardian relationship appeared to be a rather important variable too. It therefore appeared that whether or not a child was to be returned home would depend very much on the ability of the child's guardian to cope with the child's problems or to care for him. Although the association between guardian-agency relationship and guardian's caring ability was a significant one, the data suggested that there was good reason to conclude that returnability of a child depended more on the overall functioning of the guardian than on his expressed co-operation with the Agency. The impression gathered was that while the child's personal problems, i.e., behavioural condition, police record, emotional condition, etc., were likely to be observable at the time of his admission into care and therefore this information could be used readily by our workers in placing him in either the R.C. and A.G.H., these and other similar variables were not as important as the overall functioning of the child's guardian in deciding whether or not the child was to be returned home immediately after discharge from the reception-assessment resource. This implied that returnability of a child apparently involved careful evaluation of the total situation.

Secondly, in our examination of the disposition of children, we realized that our Agency was not as yet ready to cope with children with bad behavioural problems although our group homes appeared to be able to absorb these children more readily than any other kinds of our placement resources. However, by virtue of the relatively large number of children with emotional problems found in our own institutions, we seemed to be rather confident in handling disturbed children; this was of course due to the treatment programme which existed in some of our institutions. In general, the placement pattern appeared to be a non-random one, and that information of a child's personal problems tended to be of significant importance in influencing the kind of placement resource he would likely get.

CHAPTER VII

VALIDATION OF HUNCHES

We mentioned in Chapter 1 that the Agency thought more and more children with "problems" were being admitted into care and that new resources would be needed to cope with these children. In the last Chapter, we found that our Agency appeared to be somewhat handicapped or not ready yet to handle children with bad personal problems: if "problem" children were indeed on the rise in both number and proportion, our Agency would really be put in a difficult position. The purpose of this chapter is to find out if there were any changes in proportions in the characteristics of our children over the last four years, i.e., 1968 to 1971. If there were changes, we would also like to know what the pace was. The results of this part of the analysis would likely give the administrator some feedbacks as to whether or not we were planning ahead of the changes. Also, we would like to test out an assumption held by some workers about the characteristics of children from financially better-off families. They reasoned that financially better-off families tended to see our Agency as a poor-man organization and would turn to us for help only as a last resort; consequently, due to the "pressure" built up in the course of seeking help, cases from this group were usually more difficult to manage. If this assumption was true, new implications for practice should emerge.

A. Changes Over Time ---

In table 7.1, we can see that, over these four years, of all the children admitted into the reception-assessment resources, their reasons for admission did differ in terms of proportions. The biggest change occurred in "child's problem", which was increasing steadily from 26.3% in

1968 to 41.5% in 1971 ---- a difference of 15.2%. It appeared that this increase was most evident when the 1970 and 1971 figures were compared with each other. Our data also indicated that the proportion of children whose reason for admission was "child's problem" in 1969 was considerably higher than that in 1968. Although there were also fluctuations in the proportions of the other three types of admission reasons over these four years, they did not appear to represent a steady pattern. However, despite this systematic increase in the proportions of "child's problem", the overall table was not a statistically significant one, meaning that the differences over the four years could be due to chance.

TABLE 7.1

ADMISSION REASON BY YEAR
(IN PERCENTAGE)

	1968	1969	1970	1971
Temp. fam. problem	40.4	40.6	50.5	35.8
Permanent fam. problem	28.1	25.0	13.2	20.8
Child's problem	26.3	31.3	34.1	41.5
Other	5.3	3.1	2.2	1.9
N	57	96	91	53

(Not significant)

Closely related to admission reason was the nature of separation, i.e., how willing was the guardian to let his child come into the Agency's care? Although there were fluctuations in the proportions of voluntary separations (as well as the corresponding changes in the proportions of involuntary separations) over these four years ---- 72.5% and 89.5% marked the two extreme figures of voluntary separation ---- our data indicated that these changes were not statistically significant ($X^2 = 6.71657$, d.f. = 3, not significant).

It appeared that we were getting more and more White children over this four-year period, from 86% in 1968 to 92.5% in 1971. However, this increase was not significant at all ($X^2 = 1.18812$, d.f. = 3, not significant). Both the proportions of children with average or above intelligence and of male children varied in the four years, but no steady pattern was evident, and therefore both changes were statistically insignificant with very small chi square values. With regard to the guardian's characteristics, there were no significant changes either, as one can see from table 7.2, when marital status and economic condition were considered. Regardless of the year, "living alone" characterized the marital status of more than half of our clients. While 26.3% of the guardians in 1968 had an uninterrupted marriage, only 15.4% of them in 1968 could enjoy the same; however, this difference did not fall into a pattern because there apparently was a chance-factor at work, as the 1969 and 1970 figures showed. When we look at the economic condition of our

TABLE 7.2

GUARDIAN'S MARITAL STATUS AND ECONOMIC CONDITION BY YEAR (IN PERCENTAGE)

	1968	1969	1970	1971
A. Marital status				
Marriage intact	26.3	19.8	25.3	15.4
Remarried	15.8	27.1	15.4	34.6
Living alone	57.9	53.1	59.3	50.0
N	57	96	91	52
	(Not significant)			
B. Economic condition				
Adequate	39.3	30.2	42.9	34.6
Poor	60.7	69.8	57.1	65.4
N	56	96	91	52
	(Not significant)			

clients, it was quite evident that the profile did not change significantly over these four years. At any given time, about two-thirds of our clients could be classified as "poor", i.e., no steady employment, in debt, on welfare. In general, the basic characteristics* of our children in care and of their guardians remained relatively unchanged over the last four years. Minor fluctuations were of course evident, but we could not attribute these to a trend or steady pattern. Now, let us take a look at the personal characteristics of our children because these perhaps were the more important information to planning, as we had shown that our workers tended to rely more on the personal characteristics of children in placing them.

When physical/health condition, one of the three independent variables, was looked at, we found that there were no major changes over the four years. Table 7.3 reveals that throughout these four years, the proportion of children with good physical/health condition out-weighed that of children with bad physical/health condition at a ratio of

TABLE 7.3

PHYSICAL/HEALTH CONDITION BY YEAR
(IN PERCENTAGE)

	1968	1969	1970	1971
Good	82.5	70.8	74.7	75.5
Bad	17.5	29.2	25.3	24.5
N	57	96	91	53

(Not significant)

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* Changes in the age of our children over the four years could not be looked at because of the age-quota associated with the reception-assessment resources, from which our samples were drawn.

approximately 3 to 1 on the average, although 1968 appeared to have a slightly higher proportion of children with good physical/health condition and 1969 had a slightly lower proportion of children with a similar condition. But since some people in the Agency thought the problem condition of a child could be related to where he was placed and to his age, we therefore took a second look at the relationship between physical/health condition and year.

TABLE 7.4

PHYSICAL/HEALTH CONDITION BY YEAR, CONTROLLING FOR RECEPTION-ASSESSMENT RESOURCE (IN PERCENTAGE)

	R.C.				A.G.H.			
	1968	1969	1970	1971	1968	1969	1970	1971
Good	75.6	72.6	80.3	71.4	100.0	67.6	63.3	83.3
Bad	24.4	27.4	19.7	28.6	0.0	32.4	36.7	16.7
N	41	62	61	35	16	34	30	18
	(Not significant)				$(p < 0.05)$			

We can see in table 7.4 that the existence of a relationship between physical/health condition and year depended on which type of reception-assessment resource we were talking about. In the R.C., there were no significant changes over the years in the proportion of children with good physical/health condition versus that of children with bad condition. However, when the 1970 and 1971 figures were compared with each other, it was quite evident that we had a sudden increase of children with bad physical/health condition by 8.9%. This perhaps was one of the reasons why some people said we were having more children with physical/health problems; but if we looked at the figures in each year, we could see that the 1971 increase was actually very minor* and would not have become a concern if there had been no decrease in 1970 in the proportion of children with a similar condition. On the other hand, the relationship between physical/health condition and year was statistically significant in the A.G.H. sub-sample. Both 1968 and 1971 had substantially higher proportions of children without any physical/health complications than the other two years --- 100% in 1968 and 83.3% in 1971 versus 67.6 in 1969 and 63.3% in 1970. When the R.C. and A.G.H. tables were compared with each other, we could see that the two tables differed from each other in one major aspect: the trend in the A.G.H. table had nothing in common with that in the R.C. table, although both tables had about the same proportion of children with bad physical/health condition ---- about 25%.

Table 7.5 tells us that the absence of relationship between physical/health condition and year was not due to the influence of age. When the effect of age was removed, the relationship between these two variables remained the same and insignificant. In both age-groups, there did not appear to have been much change over these four years in terms of the physical/health condition associated with our children. The

TABLE 7.5

PHYSICAL/HEALTH CONDITION BY YEAR, CONTROLLING FOR AGE OF CHILD (IN PERCENTAGE)

	5 - 12				13 - 15			
	1968	1969	1970	1971	1968	1969	1970	1971
Good	82.9	69.6	73.8	78.4	81.3	74.1	76.7	68.8
Bad	17.1	30.4	26.2	21.6	18.8	25.9	23.3	31.3
N	41	69	61	37	16	27	30	16
	(Not significant)				(Not significant)			

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*This comment of course does not apply to the under-five age-group.

concern that some of our workers had about the deteriorating physical/health condition of our children might well be a hunch around the condition of the under-five age-group. Our data said we simply could not prove that our over-five age-group in the reception-assessment resource had increasingly bad physical/health condition.

Behavioural condition appeared to be a powerful variable which our worker relied on in planning for our children. Surprisingly, contrary to the expectation of some of the workers, over the last four years, there had not been any significant changes in the proportions of children who had bad or good behavioural condition, as shown by table 7.6. In fact, it appeared that, when 1970 and 1971 were compared with each other, we had a slightly lower proportion of children with "very poor" condition in 1971 ---- 26.4% in 1970 versus 18.9% in 1971 ---- while the proportion of children with "poor" condition in 1971 was slightly higher than the 1970 figure ---- 28.6% in 1970 versus 35.8% in 1971. When this table was broken down into two on the variable "reception-assessment resource", we realized that, in each of these two sub-tables, no significant changes in the behavioural condition of the children had taken place during these four years (see table 7.7). In the R.C. group, undoubtedly we had

TABLE 7.6

BEHAVIOURAL CONDITION BY YEAR
(IN PERCENTAGE)

	1968	1969	1970	1971
Good	21.1	30.2	25.3	24.5
Fair	24.6	20.8	19.8	20.8
Poor	31.6	25.0	28.6	35.8
V.Poor	22.8	24.0	26.4	18.9
N	57	96	91	53

(Not significant)

TABLE 7.7

BEHAVIOURAL CONDITION BY YEAR, CONTROLLING FOR RECEPTION-ASSESSMENT RESOURCE (IN PERCENTAGE)

	R.C.				A.G.H.			
	1968	1969	1970	1971	1968	1969	1970	1971
Good	12.2	19.4	16.4	11.4	43.8	50.0	43.3	50.0
Fair	19.5	19.4	16.4	22.9	37.5	23.5	26.7	16.7
Poor	39.0	30.6	31.1	42.9	12.5	14.7	23.3	22.2
V.Poor	29.3	30.6	36.1	22.9	6.3	11.8	6.7	11.1
N	41	62	61	35	16	34	30	18
	(Not significant)				(Not significant)			

more children with "poor" and "very poor" behavioural condition than children with "good" and "fair" condition. But over time, more or less the same proportions were maintained in each of the four categories of condition. Like what was in table 7.6, 1971 had a slightly lower proportion of children with "very poor" condition than 1970, while it had a slightly higher proportion of children with "poor" condition than 1970. This particular sub-table was statistically insignificant though.

In the A.G.H. sub-table, a different pattern was evident. While there was a smaller proportion of chilfen with "fair" condition in 1971 than any of the previous years, "poor" and "very poor" condition combined together produced a much bigger proportion of cases in 1971 than any of the previous three years. In order to enable us better visualize the changes in proportions, the A.G.H. sub-table in table 7.7 was reproduced in table 7.8, this time collapsing "good" and "fair" to form "good", and "poor" and "very poor" to form "bad". We can see from this reconstructed table that, in the A.G.H., more and more children appeared to be behaviourally bad over time, proportionally speaking. This proportional increase of children with bad behavioural condition was a steady one, with

TABLE 7.8

DICHTOMIZED BEHAVIOURAL CONDITION BY YEAR ---
A.G.H. CASES ONLY (IN PERCENTAGE)

	1968	1969	1970	1971
Good	81.3	73.5	70.0	66.7
Bad	18.7	26.5	30.0	33.3
N	16	34	30	18

(Not significant)

a somewhat abrupt increase in 1969 to 26.5% from the 1968 figure of 18.7%. Despite this trend, the relationship pattern in this table could not be said to be a statistically significant one.

When table 7.6 was broken down on the variable "age", we obtained the relationship patterns in table 7.9, and both sub-tables display some interesting results. In the pre-adolescent group, it appeared that, firstly, after 1968, there had been a steady proportional increase of children with "poor" behavioural condition ---- from 17.6% in 1969 to 32.4% in 1971, and secondly, the proportions of children with "poor" condition in 1968 and 1971 were about the same, meaning that, in fact,

TABLE 7.9

BEHAVIOURAL CONDITION BY YEAR, CONTROLLING FOR AGE (IN PERCENTAGE)

	5-12				13-15			
	1968	1969	1970	1971	1968	1969	1970	1971
Good	22.0	37.7	31.1	24.3	18.8	11.1	13.3	25.0
Fair	24.4	24.6	27.9	24.3	25.0	11.1	3.3	12.5
Poor	31.7	17.6	26.2	32.4	31.3	44.4	33.3	43.8
V.Poor	22.0	20.3	14.8	18.9	25.0	33.3	50.0	18.8
N	41	69	61	37	16	27	30	16

(Not significant) (Not significiant)

over the four years we did not have an influx of children with behavioural problems. The feeling among some of our workers that we were having more and more "problem" children could not find strong support from our data on the pre-adolescent group. With regard to the "very poor" group, we could not actually see any proportional differences over the four years. If we felt panicky about the situation in 1971, a similar state of feeling must have been experienced as well in 1969, as far as the pre-adolescent group was concerned.

In the adolescent group, interesting enough, we had a slightly different pattern. Instead of a proportional increase of children with bad behavioural condition in 1971, we appeared to have a 20.7% decrease ((33.3 + 50.0) - (43.8 + 18.8)) over 1970. This finding therefore contradicted the expectation of some of our workers. But if we looked at the table from a different angle, see table 7.10, we realized that

TABLE 7.10

DICHOTOMIZED BEHAVIOURAL CONDITION BY DICHOTOMIZED YEAR ---- ADOLESCENT GROUP ONLY (IN PERCENTAGE)

	1968-69	1970-71
Good	30.2	23.9
Bad	69.8	76.1
N	43	46

(Not significant)

a slight increase in the proportion of behaviourally bad children was evident during 1970 and 1971 ---- a modest increase of 6.3%. However, such a proportional increase appeared to be due wholly to chance.

The third major independent variable ---- emotional condition of a child ---- in this study was also found to have changed little over the four years studied, as table 7.11 shows. However, despite the

TABLE 7.11

EMOTIONAL CONDITION BY YEAR
(IN PERCENTAGE)

	1968	1969	1970	1971
Good	52.6	55.2	51.6	39.6
Fair	29.8	20.8	17.6	39.6
Poor	17.5	24.0	30.8	20.8
N	57	96	91	53

(Not significant)

insignificant relationship between the two variables in the table, we can see that in 1971, there was a sudden drop in the proportion of children with "good" and "poor" emotional condition and an accompanied increase in the proportion of children with "fair" condition, compared with the figures in 1970. This represented a rather marked deviation from the trend in the three previous years. Between 1968 and 1970, the proportions of children with "good" emotional condition remained almost unchanged; at the same time, however, the proportions of children with "fair" condition decreased from 29.8% to 17.6%, while that of children with "poor" emotional condition increased steadily from 17.5% in 1968 to 30.8% in 1970 through 24% in 1969. This meant that, when the figures in the four years were compared, we could see that in 1971, we had a higher proportion of children with emotional problems, but fortunately, almost two in three $\left(\frac{39.6}{39.6 + 20.8}\%\right)$ of these children were described as in "fair" condition. In other words, although more children, proportionally speaking, in 1971 had emotional disorder, we in fact had a much smaller proportion of children with "poor" emotional condition than the two previous years, despite that the whole situation appeared a bit worse off than that in 1968, when slightly more than half (52.6%) of our children had "good" emotional condition.

The emotional state of our children over these four years appeared to have changed insignificantly in either type of reception-assessment resource ---- see table 7.12. Despite a somewhat identifiable trend in the R.C. in getting smaller and smaller proportions of children with "good" emotional condition over the four years ---- from 48.8% in 1968 to 34.3% in 1971 ---- the change was not a statistically significant one. Also in the R.C., with regard to the changes in the "fair" and "poor" emotional condition over the four years, a pattern similar to the one in table 7.11 was evident here, and hence a similar interpretation of the findings could be advanced. Interesting enough, in the A.G.H. table, we can see a steady increase in the proportions of children with "poor" emotional condition over the four years. While only 6.3% of the 1968 children were classified as having "poor" emotional condition, in 1971, 27.8% of all the children had "poor" emotional condition. This was a substantial increase, which constituted a trend different from that in the R.C. table as well as from that in table 7.11. Actually, the 1971

TABLE 7.12

EMOTIONAL CONDITION BY YEAR, CONTROLLING FOR RECEPTION-ASSESSMENT RESOURCE (IN PERCENTAGE)

	R.C.				A.G.H.			
	1968	1969	1970	1971	1968	1969	1970	1971
Good	48.8	45.2	41.0	34.3	62.5	73.5	73.3	50.0
Fair	29.3	24.2	23.0	48.6	31.3	14.7	6.7	22.2
Poor	22.0	30.6	36.1	17.1	6.3	11.8	20.0	27.8
N	41	62	61	35	16	34	30	18
	(Not significant)				(Not significant)			

emotional condition of the A.G.H. children was somewhat different from that in the three previous years. On the one hand, we had a sudden drop in the proportion of children with "good" emotional condition in that single year to 50%. On the other hand, the proportion of children with "fair" condition suddenly jumped to 22.2% from the 1970 figure of 6.7%. Although these changes appeared big, they were not statistically significant.

When the emotional condition of our children over these four years was broken down according to age, we realized a different story. Table 7.13 tells us that the biggest change occurred in 1971 when we had a sudden decrease over the previous years in the proportion of pre-adolescents with "good" emotional condition, and an abrupt increase in the proportion of pre-adolescents with "fair" emotional condition. Corresponding to this decrease and increase was a decline in the proportion of these children with "poor" emotional condition. In all, it appeared that, in the pre-adolescent sub-table, the emotional characteristics of our 1969 and 1970 children were somewhat similar in that the proportions of pre-adolescents in each of the three categories of

TABLE 7.13

EMOTIONAL CONDITION BY YEAR, CONTROLLING FOR AGE (IN PERCENTAGE)

	5-12				13-15			
	1968	1969	1970	1971	1968	1969	1970	1971
Good	48.8	58.0	54.1	37.8	62.5	48.1	46.7	43.8
Fair	31.7	17.4	14.8	43.2	25.0	29.6	23.3	31.3
Poor	19.5	24.6	31.1	18.9	12.5	22.2	30.0	25.0
N	41	69	61	37	16	27	30	16
	($p < 0.05$)				(Not significant)			

emotional condition were almost the same.

In the adolescent sub-table, a slightly different pattern is evident. The proportions of adolescents with "good" emotional condition appeared to be decreasing over time in a consistent manner. For those children with "poor" emotional condition, the pattern over the four years looked similar to that in the pre-adolescent sub-table in that while there seemed to be a steady proportional increase from 1968 to 1970, the 1971 figure suddenly dipped. Concomitant with these changes in 1971 was a sudden increase in the proportion of children with "fair" emotional condition. This sub-table therefore indicates that we were getting more and more adolescents with a certain degree of emotional problem, but a higher proportion of these problem children had "fair" condition, except in 1970 when the proportions of "poor" condition outweighed that of "fair" condition. In general, then, as far as emotional condition was concerned, all the related tables ---- tables 7.11, 7.12, and 7.13 ---- tended to point out that, when the 1970 and 1971 figures were compared, we had a higher proportion of children with a certain degree of emotional problems in 1971. However, we also realized that there was a reverse trend in terms of the proportions of children with "fair" and with "poor" emotional condition: in 1970, we had a higher proportion of children with "poor" emotional condition, but in 1971, we had a higher proportion of "fair" condition cases.

When behavioural and emotional conditions were combined and examined over time, table 7.14 was constructed. Although this is not a statistically significant table, different patterns could be identified. First of all, we can see that in 1971, there was a sudden increase in the proportion of children with bad condition in both behaviour and

TABLE 7.14

COMBINED BEHAVIOURAL AND EMOTIONAL CONDITION BY YEAR (IN PERCENTAGE)

(Behav.)	(Emot.)	1968	1969	1970	1971	All
Bad	Bad	33.4	32.3	30.3	41.5	33.7
Bad	Good	21.0	16.7	24.2	13.2	19.2
Good	Bad	14.1	12.5	17.6	18.9	15.5
Good	Good	31.6	38.6	27.5	26.5	31.6
	N	57	96	91	53	297

(Not significant)

emotion, over the three previous years. When the 1970 figures were compared with the 1971 figures, we realized that in the "good bad" and "good good" categories, there was almost no change; the biggest difference between the two years lied in the proportions of children with "bad bad" and "bad good" condition. In 1970, the ratio of "bad bad" conditions to "bad good" conditions was 14:11, but the 1971 ratio increased to approximately 3:1. This increase meant that while the proportions of children with bad behavioural condition remained unchanged in the two years, there were much more children in 1971 who suffered from bad emotional condition as well.

Another identifiable difference was the proportional decrease of children with "good good" condition in 1970 over 1969 ---- a decrease of 11.1% (38.6 - 27.5). In 1971, the proportion did not differ from the 1970 figure. This indicated that after 1969, there was a rather sudden proportional increase of children with "problems" in our reception-assessment resource.

Surprising to see was the similarity in proportions of children in the various categories of condition in 1968 and 1970. It appeared that while the Agency thought that we started to get more and more "problem" children in 1970, they tended to forget that two years before, we had a similar type of headache. It sounds probable that had we not had a proportional decrease of "problem" children in 1969, our workers would not have felt the change towards the worse that much. Our analysis therefore implied that predictions (any kinds of predictions) had to take into consideration fluctuations over time and that the conventional simple regression analysis would not be appropriate for use in forecast studies: use of this method could lead to erroneous conclusions and upset the operation of an agency, especially when the analysis was based on a limited set of data. Carefully designed research studies can shed more light on trends. Our analyses therefore partly confirmed the hunch of our workers that we were having more and more "problem" children in recent years, but these changes did not appear to be very abrupt or statistically significant.

One would expect that, since the problem characteristics of children had changed somewhat (though not statistically) over the four years, the disposition patterns in these four years would likely be different too. Table 7.15 reveals that this was not so. With regard to those placed in an outside institution, there were very minor differences in the four years. Although the highest proportion of children discharged back home direct from the reception-assessment resource occurred in 1970 with 42.2%, and the highest proportion of children placed in a C.A.S. resource in 1968 with 43.9%, the pattern of disposition in 1968 was very similar to that in 1971. The fact that only 30.2% of the children in 1971 compared to 42.2% in 1970 were sent home suggested that the caring ability of the guardians might be different in this four-year

TABLE 7.15

DISPOSITION BY YEAR (IN PERCENTAGE)

	1968	1969	1970	1971
Own home	29.8	36.6	42.2	30.2
C.A.S. resource	43.9	35.5	33.3	41.9
Outside resource	26.3	28.0	24.4	27.9
N	57	93	90	43

(Not significant)

period, since it has been found that the guardian's caring ability had a lot to do with the returnability of a child ---- see Chapter VI. Table 7.16 indicates that this was indeed the case. When table 7.15 was compared with table 7.16, we realized that in 1969 and 1970, when the proportions of able guardians were the highest in the four years (60.4% in both years), we had correspondingly high proportions of children to go home (36.6% in 1969 and 42.2% in 1970). The proportions of children discharged back home in the other two years also tended to be closely associated with the proportions of able guardians in these two years. However, both tables were not statistically significant.

TABLE 7.16

GUARDIAN'S CARING ABILITY BY YEAR (IN PERCENTAGE)

	1968	1969	1970	1971
Able/doubtful	44.6	60.4	60.4	55.8
Unable	55.4	39.6	39.6	44.2
N	56	96	91	52

(Not significant)

B. Children from Financially Better-off Families ----

To test out the assumption held by some of our workers about the relationship between the characteristics of children and the economic condition of their families would entail examination of four relationship patterns. Before this was attempted, we had to make one assumption deduced from the reasoning of our workers. Since they tended to equate "tension" (or "pressure") in a case with economic condition of the family concerned, and assuming that this was true, we could say that financially adequate families were "high-tensioned" cases, and financially poor families were "low-tensioned" cases.

Since we thought that children from financially better-off families were referred to our Agency only as a last resort because other middle-class-oriented community resources would be explored first, we would expect that financially adequate families would have much less children admitted into this Agency's care before. Poor families, on the other hand, would have a bigger chance to have their children admitted into care before because getting help from this Agency appeared to be a

TABLE 7.17

PREVIOUS ADMISSION BY GUARDIAN'S
ECONOMIC CONDITION (IN PERCENTAGE)

	Adequate	Poor	All
No prev. adm.	82.4	65.8	71.9
Had prev. adm.	17.6	34.2	28.1
N	108	187	295

($p < 0.01$)

way of life to some of them.* This expectation was borne out by the data in table 7.17, which shows that although the majority (71.9%) of the children were never admitted into care before, children from financially adequate families had much less children admitted previously than those from poor families. While only 17.6% of the children with financially adequate guardians were admitted into care before, the proportion of children with at least one previous admission from poor families almost doubled (34.2%) this. Our finding therefore tended to lend a certain amount of support to this commonly held expectation.

Our workers also tended to reason that, since financially adequate guardians expected us to help them with their problems, they would be more workable than poor guardians who might not appreciate our help. However, table 7.18 says this seemed to be not the case though financially adequate families did appear to be slightly (7.5%) more workable than the poor. This was an interesting finding. Maybe this absence of significant difference between the two groups of families in terms of workability was due to the failure of our Agency in meeting the high expectation of some of these financially better-off families. There is good reason to argue that since these middle-class or near-middle-class guardians were

TABLE 7.18

GUARDIAN-AGENCY RELATIONSHIP BY ECONOMIC CONDITION (IN PERCENTAGE)

	Adequate	Poor	All
Positive	57.5	50.0	52.7
Negative	42.5	50.0	47.3
N	106	186	292

(Not significant)

---

* This was how, according to some of our workers, "high-tensioned" cases were differentiated from "low tensioned" cases.

high-tensioned when they came to our Agency for assistance, they would tend to expect us to help solve their problems immediately; if our workers were slow in helping, probably due to limitations of resources, these guardians might become further frustrated and unco-operative. If this explanation was accepted, we would expect our workers meet with about equal degrees of frustration in working with clients from both economic classes.

Since the financially adequate families tended to go to other community resources for help first, and to turn to the C.A.S. only when their problems remained unsolved, we would expect, firstly, that "child's problem" was the main admission reason for children with financially adequate families*, and, secondly, that there was a higher proportion of negative child-guardian relationships because of the first expectation. Table 7.19 does say that about half (47.2%) of the children with financially

TABLE 7.19

ADMISSION REASON BY ECONOMIC CONDITION (IN PERCENTAGE)

	Adequate	Poor
Temp. fam. prob.	32.4	48.7
Perm. fam. prob.	20.4	21.9
Child's prob.	47.2	24.6
Other	0.0	4.8
N	108	187

($p < 0.001$)

---

* Implicit in this statement was not that financially adequate families did not have high proportions of other types of family dysfunctioning, but that while they tended to rely on other community resources for help with these family problems, few middle-class-oriented community resources were child-welfare agencies ---- hence C.A.S. would expect to get a higher proportion of "problem" children from these families than from poor families.

adequate families were admitted into care because of their personal problems. Only 32.4% and 20.4% of the admissions were the results of respectively temporary family problem and permanent family problem. On the other hand, "child's problem" as the reason for admission did not characterize the poor families; about half (48.7%) of the time children with poor guardians were admitted as the result of temporary family problem. This statistically significant table therefore confirmed our first expectation that "child's problem" was the most commonly cited admission reason for the financially adequate group.

Table 7.20 illustrates the relationship between economic condition of the guardian and the child's relationship with him. This table shows that while half of the children from poor families had positive relationship with their guardians, only 29.2% of the children with financially adequate families had a similar relationship with their guardians. This difference of 21.1% between these two types of families was statistically significant and tended to lend support to our second expectation above.

TABLE 7.20

CHILD-GUARDIAN RELATIONSHIP BY ECONOMIC CONDITION (IN PERCENTAGE)

	Adequate	Poor
Positive	29.2	50.3
Negative	70.8	49.7
N	106	185

($p < 0.001$)

However, since child-guardian relationship was found to be related to behavioural condition and to emotional condition of a child ---- see

Appendix "L" which showed correlation coefficients of 0.52 and 0.43 respectively ---- we therefore would like to determine whether or not child-guardian relationship was related in fact to a child's behavioural and emotional condition, and not to economic condition. We therefore constructed tables 7.21 and 7.22. If we looked at table 7.21, we found

TABLE 7.21

CHILD-GUARDIAN RELATIONSHIP BY BEHAVIOURAL CONDITION, CONTROLLING FOR ECONOMIC CONDITION (IN PERCENTAGE)

	Adequate		Poor	
	Good	Bad	Good	Bad
Positive	59.4	16.2	64.4	32.1
Negative	40.6	83.8	35.6	67.9
N	32	74	104	81
	($p < 0.001$)		($p < 0.001$)	

that regardless of the economic condition of the child's guardian, as long as his behavioural condition was good, he would likely have positive relationship with his guardian (59.4% for financially adequate families and 64.4% for poor families). On the other hand, if a child had bad behaviour, his relationship with his guardian would likely be negative (83.8% for financially adequate families and 67.9% for poor families). We therefore could say that child-guardian relationship was due to his behavioural condition, and not to his guardian's economic condition; this is because if child-guardian relationship was dependent on economic class, no identifiable association patterns should exist between child-guardian relationship and behavioural condition in the two sub-tables, when economic class was controlled for. The pattern existed in table 7.20 was "spurious" because it was purely due to the fact that financially adequate families had a higher proportion of children with behavioural problems (Appendix "L" showed a tetrachoric correlation coefficient of -0.45 between economic condition and behavioural condition). This therefore further supported the claim of some of our workers that financially adequate cases were more difficult to handle; the reason could well be that children from these families usually exhibited bad behavioural condition, which we had found in Chapter VI to be a big headache to our workers.

Table 7.22 reveals association patterns, between child-guardian relationship and emotional condition when the effect of economic class was removed, similar to those in table 7.21. We can easily see again that, regardless of the economic background of the family, as long as a child was emotionally bad, he was quite likely to have negative relationship with his guardian. The patterns in the two sub-tables therefore suggested that a child's relationship with his guardian was actually not related to the economic background of his family but to his emotional condition.

TABLE 7.22

CHILD-GUARDIAN RELATIONSHIP BY EMOTIONAL CONDITION, CONTROLLING FOR ECONOMIC CONDITION (IN PERCENTAGE)

	Adequate		Poor	
	Good	Bad	Good	Bad
Positive	42.2	20.0	65.3	32.0
Negative	57.8	80.0	34.7	68.0
N	45	61	101	84
	$(p < 0.02)$		$(p < 0.001)$	

However, if we examine tables 7.21 and 7.22 together, we realize that there was a subtle difference between the two economic classes. In both tables, the financially adequate cases all the time had a more intense relationship between child-guardian relationship and behavioural/emotional condition than the financially poor cases. For example, for the financially adequate cases, if a child had bad behavioural (emotional) condition, 83.8% (80.0%) of the time he would likely have negative relationship with his guardian, compared to only 67.9% (68.0%) for the financially poor cases. This difference implied that the financially poor guardian could tolerate behavioural (emotional) problems in his children more than the financially better-off guardian could.

C. Summary ----

We have looked at two major things in this chapter: changes over time, and an assumption held by some of the workers about the characteristics of children with financially adequate guardians. With regard to changes of the characteristics of our children in the last four years, certain patterns were identified although most of these changes were not statistically significant regardless of the way changes were scrutinized. With regard to the validation of the assumption that cases from financially adequate families were difficult to work with, we obtained some interesting results.

There were no, or very little, changes in the basic characteristics of our children admitted into the reception-assessment resource in the last four years. The proportion of "child's problem", as one of the admission reasons, appeared to be increasing steadily as time went by. Ethnicity, nature of separation, intelligence, guardian's marital status and guardian's economic condition, as variables, did not change much.

Child's physical/health condition changed towards the worse by 11.7% in 1969 and this effect was felt by the A.G.H. particularly. Since then, the proportions of good and bad physical/health conditions remained steady, with roughly one-quarter of the children having bad physical/health condition. However, in 1971, while the R.C. experienced a sudden increase in the proportion of children with bad physical/health condition (an increase of 8.9% over 1970), the A.G.H. had an abrupt decrease of 20%. When age was controlled for, no siginificant differences were evident.

Although, in general, there were more or less the same proportions of children with good or bad behavioural condition in the four years, the A.G.H. tended to have an increasing proportion of children with bad behavioural condition. In the pre-adolescent group, the 1968 and 1971 patterns looked similar in that there was a slightly higher proportion of children with behavioural problems. In the adolescent group there was a slight increase of "problem" children in 1970-71.

Child's emotional condition in general appeared to be worse-off in 1971, but, at the same time, there was a smaller proportion of children with "poor" emotional condition. When emotional condition and behavioural condition were combined, we realized that while the proportions of children with bad behavioural condition remained unchanged in 1970 and 1971, there were much more children in 1971 who suffered from bad emotional condition as well.

The general observation about the changes in characteristics of children over the four years was that we were indeed having more and more children with "problems", especially after 1969. Although most of these tables were not statistically significant, it does not mean that there were no changes. Throughout, we could see a pattern of change towards the worse in terms of kinds of children coming into care. In fact, if most of these tables had been statistically significant, our Agency would have been thrown out of balance in coping with the problems of these children. The various identifiable patterns implied that we should be planning for the worse as soon as possible.

Our second part of the analyses indirectly and partially lent support to the claim of some of our workers that difficult cases were primarily from financially better-off families. Firstly, we found that the proportion of previous admissions was significantly smaller in the financially adequate group than in the financially poor group, as expected. Secondly, financially better-off guardians were found to be slightly more unco-operative than those guardians on welfare, unemployed or who had difficulties holding down a job; this finding was somewhat unexpected. Thirdly, we found that "child's problem", as a reason for the admission of a child, characterized the financially adequate group only, as expected. And fourthly, we found that negative child-guardian relationship was significantly associated with financially adequate cases, as expected. However, with regard to the last finding, it appeared that how well a child would get along with his guardian was actually dependent on his behavioural/emotional condition, and not to his guardian's economic well-being: if a child had no or minimal problem in his behavioural/ emotional state, he would likely have good relationship with his guardian, although it appeared that a financially poor guardian had a higher degree of tolerance for his children's exhibited personal problems than a financially better-off guardian.

CHAPTER VIII

PLACEMENT FRAMEWORK

It was stated in Chapter I that nobody was too sure of what the framework utilized by our workers in placing children was. Initial exploratory work further revealed that there was a need to structure up the placement phenomenon, so that both practitioners and non-practitioners would be able to know the kinds of information badly needed in placing children. This would in turn give our workers a base upon which their practice could be reviewed periodically, and enable our administrators to plan for sound and more efficient placement of children, having realized those variables crucial in this work. The purpose of this present chapter is to delineate those informational factors (clusters of child's variables) based on which our workers place their children, and to enable those people not directly involved in the placement work to better comprehend the cognitive aspect of the placement operation.

A. The Study Method and Data ----

It should be made clear at this point that it was not that our workers could not say what variables they would consider in placing a child, but it was the non-existence of a framework or a definite set of variables*, that prompted us to embark on this part of the analysis. Also, this effort will only represent an attempt to describe those thought-patterns of our workers in their placement work as evident in the data collected, and not to assess how good a placement decision was in terms of placing the right child in the right resource. In other words, we only wanted to find out whether or not the variables used by our workers in their placement work actually fell into some identifiable patterns or clusters in a way specific enough to enable us discover a placement framework. The rationale for this was: a person thinks in terms of considering several related variables at the same time, and different thought-patterns involve different sets of variables, thus, by analyzing the interrelationships of variables deemed important in solving a problem, we can identify different thought-patterns involved in the problem-solving process.* Factor analysis was therefore chosen for use for this part of our analysis.

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* Since the variables utilized in the placement of a baby or toddler may be different from those in the placement of an older child, our following analyses will apply only to the placement of a child five years old or over, to be consistent with the study design.

Factor analysis is more a mathematical than a statistical technique because it has its methodological origin in matrix (linear) algebra. Until recently ---- particularly since R.J. Rummel's book on the application of factor analysis to social data (28) ---- this data analysis technique was principally used by researchers in psychology. This powerful technique enables us to discover patterns in a set of data, to test hypotheses, develop scales for the measurement of social phenomena, etc. Because of its versatility, this technique has been widely applied also in political science, economics, anthropology, sociology and social psychology. However, in social work, this remains relatively under-used, although in recent years there are factor analytic studies reported periodically in social welfare journals. One of the main reasons for its under-use is that this technique is not usually acquired in the school.

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* For a similar point of view, see P.F. Lazarsfeld and N.W. Henry's exposition on the relationship between concepts and indicators in their Latent Structure Analysis (Boston: Houghton Mifflin Co., 1968), especially the introductory chapters.

Owing to a popular use of the computer nowadays and an increasing number of trained researchers in the field, it is expected that, in the very near future, factor analysis will be more widely used in the analysis of the social welfare operation, and at the same time the quality of social welfare research will improve.

In our present study of placement framework, efforts were made to enhance the reliability of the factor analysis results. This means that we tried to be careful in the entire analytic process in terms of selecting the most appropriate methods and techniques as far as the situation warranted.* The specific procedure followed and methods used were as follows.

During problem identification and formulation, files and records were read, literature was reviewed, and social work staff interviewed. A set of variables, the researcher thought crucial to placement decision-making and for which data could be secured without any major forseeable problem, were identified for inclusion** into the variable list. At this stage, the researcher did not invite the more experienced or knowledgeable workers to check these variables for exhaustiveness, as he wanted to avoid biases that might creep in during coding. Then data were obtained for these variables from files the same way they were obtained for other variables. A reliability check on the coding was carried out ---- see Appendix "J" ---- and the result indicated a high degree of consistency throughout the entire coding process.

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* The author is grateful for the consultation and unfailing assistance given by staff of the Computing Services Group at the Ontario Institute for Studies in Education for this part of the analysis.

** We are quite happy about the accuracy in our variable-identification work, as the Department Supervisor of Homefinding and Placement thought that these variables formed an exhaustive list and herself later identified more or less the same variables when she was requested to help us single out those most crucial ones in placement decision-making for our factor analysis, when coding was completed.

When the data were ready to be organized for factor analysis, the Department Supervisor was contacted and the philosophy of factor analysis explained to her. At the researcher's request, she singled out twenty-one variables* from the complete list she thought most important to placement decision-making. These variables were then dichotomized, so that a tetrachoric correlation matrix could be calculated**.

These twenty-one variables for all the 297 cases were used to calculate a tetrachoric correlation matrix. However, this attempt was aborted. An examination of the subject variable matrix revealed that two of the variables ---- "child-sibling relationship" and "previous replacement experience" ---- had too much missing information, and that they should be deleted from the list. Other than these two variables, "child's intelligence" also did not appear to have enough usable information***.

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* Nineteen of these were eventually used in this factor analysis exercise; the two deleted from the final analysis due to too much missing information were "child-sibling relationship" and "previous replacement experience". This list of nineteen variables ---- together with their individual internal structures ---- can be found in Appendix "K".

** The tetrachoric correlation coefficient was chosen for use over others because it is the closest approximation of the Pearson product-moment correlation coefficient for dichotomous data with underlying normal distributions, and our data closely met these requirements.

*** "Child's intelligence" could not be secured for 80 of the 297 cases. This gave a mean of 0.9933 and a standard deviation of 0.7306 ---- range was 0 to 2, where 0 means unknown, 1 means average or better and 2 means below average ---- for 297 cases.

It therefore was decided that either "child's intelligence" was to be deleted from the list or those 93 cases which had no data on any one of the twenty-one variables were to be deleted. Since "child's intelligence" could be an important variable in placement decision-making and therefore should be included on the list as far as possible, the latter alternative was chosen. The data on these nineteen variables for 204 cases were then distributionally transformed to reduce the amount of variance in the data ---- see Appendix "K" for the result ---- and no missing values were included in the calculation of the correlation matrix. This deletion of the 93 cases had proven to be productive and a nineteen-variable tetrachoric correlation matrix was calculated successfully ---- see Appendix "L". It might be useful to describe briefly this matrix, so that the audience may discover interesting relationships should they want to study the matrix itself.

In a sense, a correlation matrix resembles a mileage table; but instead of the numbers of miles between the cities, figures representing the strength of linear relationship between the variables are found. These figures are called coefficients of correlation and have values ranging from -1 to +1 through 0, in our case. The closer to 0 the coefficient is, the less the relationship; the closer to 1, the greater the relationship. A negative sign indicates that the variables are inversely related. Thus, in Appendix "L" the correlation coefficient calculated for "age" (variable 1) and "police record" (variable 13) is 0.68, and this is a stronger relationship than that calculated for "child-guardian contact" (variable 15) and "guardian-agency relationship" (variable 17), which is 0.40. Now, consider two correlation coefficients: that between "police record" (variable 13) and "guardian's economic condition" (variable 16), which is

-0.40, and that between "nature of separation" (variable 14) and "child-guardian contact" (variable 15), which is 0.40. These two correlation coefficients have the same strength, but their meanings are reverse. In the former case, it means that the worse the guardian's economic condition is, the less is the boy's chance of having a police record, and vice versa. In the latter case, it means that if it is voluntary separation, there tends to be a contact maintained between the child and his guardian. The correlation coefficient between "physical/health condition" (variable 6) and "nature of separation" (variable 14) is 0, and this means that there is no relationship at all between these two variables.

To interpret the correlation coefficient, we first square it and multiply by 100. This gives the coefficient of determination or the percent variation in common for the data on the two variables. In one of the examples above regarding the positive relationship between "age" and "police record", i.e., a correlation coefficient of 0.68, we may say that if we know the data on one of the two variables for the 204 cases, we can predict 46.24% (0.68 x 0.68 x 100) of the data on the other variable. As one may recall, it is on this basis that we said that "child-worker relationship" could best be predicted from "child-peer relationship"---- see Chapter IV.

In our present factor analytic study, the common factor analysis model was used and the squared multiple correlation coefficients were employed as communality estimates. The unrotated factor matrix was extracted from the correlation matrix, using the principal axes technique and employing the Hotelling iteration procedure. Four unrotated factors were extracted, which were then rotated orthogonally to a simple structure using the varimax technique. Because we wanted to see if these four orthogonally (independent) rotated factors "described" the reality well, an oblique rotation using the promax technique was performed on the four extracted factors. Later correlation of these four oblique factors revealed that these four factors were almost unrelated to each other and represented four independent dimensions. The results were as follows:

B. Results (Orthogonal Rotation)----

The principal objective of this part of the analysis is to identify those criteria from our data crucial to the placement of children. To achieve this objective would necessitate the use of R factor analysis because this analytic method can delineate the underlying structure of a set of data, though we should not think narrowly that factor analysis is simply a data-reduction technique. The results of the analysis were interesting and presented in full in Appendices "M" and "N". To enable the audience understand these two tables, a brief description of the various terms used would be desirable before we proceed to discuss the four factors.

Appendix "M" presents the four orthogonally rotated factors, named I, II, III and IV, which are the four substantively meaningful independent patterns of relationship among the nineteen variables. Corresponding to each variable and each factor is a figure, reduced to two places after the decimal, called the loading which measures the degree of involvement of the variable in the factor. Factor loadings may be interpreted like correlation coefficients (see Section A above). The h^2 stands for the communality of each variable, and this tells the proportion of a variable's total variation that is involved in the patterns. In Appendix "M", variable 7 "behavioural condition" has 96% of its total variation involved in the patterns, for example; in the other extreme, variable 4 "intelligence" has only 16% of its total variation involved in the patterns. h^2 is obtained by summing the squared factor loadings of a variable. Because h^2 measures the percent of a variable's variation that is involved in the patterns, it can also be looked at as a measure of uniqueness. This is accomplished by subtracting the percent of a variable's variation in common with the patterns from 100. This measure of uniqueness then indicates the proportion (percent) a variable is unrelated to the others ---- i.e., the proportion the data on a variable that cannot be predicted from the data on the other variables. For example, Appendix "M" tells us that while 91% of the data on variable 13 "police record", as measured for the 204 cases, can be predicted from a knowledge of the data of these cases on the four patterns, 9% of the data on this variable is unrelated at all to the other eighteen variables. The sum of the h^2 values divided by the number of variables times 100 gives the percentage of total variance among all the variables involved in the patterns; in our case, it is 49.1%.

The percentage of total variance among all the variables involved in a specific factor (pattern) is arrived at by dividing the sum of squared factor loadings by the number of variables timed 100. In our case, the percentage of total variance accounted for by the nineteen variables in factors I, II, III and IV are respectively 24.6%, 10.8%, 8.0% and 5.6%; together, they add up to 49.1%, of course. This means that 49.1% of the data for the 204 cases on these nineteen variables can be reproduced by knowing the scores of these 204 cases on the four factor-patterns. In other words, the specific percentage of total variance related to a particular factor pattern measures the pattern's strength.

The percentage of common variance related to a specific factor pattern measures how much of the variation accounted for by all the patterns is involved in each pattern. This proportion is arrived at by dividing the percentage of total variance in a specific pattern by the percentage of (grand) total variance timed 100. This gives 50.1%, 22.0%, 16.3% and 11.4% respectively for factor patterns I, II, III and IV. Needless to say, these four figures add up to 100%.

Having described the various terms in the factor matrix, we can now discuss our findings. Let us look at Appendix "M" first which is the orthogonally rotated factor matrix. In this matrix, loadings equal to or greater than an absolute value of 0.30 are shown in parentheses. For easy reference, they are reproduced in descending order of their loadings in the following tables.

TABLE 8.1

FACTOR I ---- ORTHOGONAL ROTATION

	Variable	Loading
7.	Behavioural condition	.96
19.	Child's overall problem rating	.91
13.	Police record	.80
12.	Child-peer relationship	.69
11.	Child-worker relationship	.67
9.	School-learning difficulties	.61
10.	Child-guardian relationship	.55
16.	Guardian's economic condition	- .47
8.	Emotional condition	.44

Table 8.1 describes Factor I, which is labelled child's social adjustment pattern.* This factor is so named because those variables that

have the highest loadings on the factor are principally related to the child's personal functioning. In this factor pattern, "behavioural condition", "child's overall problem rating" and "police record" stand out most distinctly in their degree of involvement. His relationship patterns appear to be quite heavily involved in the factor too. "Emotional condition" and "guardian's economic condition" also have a rather substantial degree of involvement in this factor. Therefore, this factor pattern ---- child's social adjustment pattern ---- is primarily made up of how good or bad a child's behaviour is and how able or unable a child gets along with people. This factor alone accounts for 50.1% of the common variance.

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* There are three ways to label a factor ---- symbolic, descriptive, and causal. In this report, the descriptive one was chosen for use because we felt it would best convey the message to the audience. Descriptive labelling involves selecting a concept that will best reflect the nature of the phenomenon involved.

Another thing that comes out from the loadings of the variables on this factor is the signs attached to the various loadings. By virtue of their inclusion in this factor, these nine variables are interrelated among themselves. This means that *good* behavioural condition is related to *favourable* overall problem rating, *no* police record, *good* child-peer relationship, *good* child-worker relationship, *no* school-learning difficulties, *good* child-guardian relationship, *unfavourable* economic condition of the guardian, and *good* emotional condition. However, the reverse is also true*. Most of these interrelationship patterns have been verified in the former chapters.

Factor II is described in table 8.2. This factor is labelled *parenting ability pattern*, and alone accounts for 22% of the common variance. The single variance that has the heaviest loading on the factor is "guardian-agency relationship" ($\alpha = 0.87$). All the other variables

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* Signs (meanings) attached to the factor loadings can be reversed during interpretation.

TABLE 8.2

FACTOR II ---- ORTHOGONAL ROTATION

	Variable	Loading
17.	Guardian-agency relationship	0.87
18.	Guardian's caring ability	0.48
15.	Child-guardian contact	0.48
3.	Ethnicity	0.44
14.	Nature of separation	0.43
10.	Child-guardian relationship	0.42
16.	Guardian's economic condition	0.35

have moderate leadings. The clustering of these seven variables means that good guardian-agency relationship is related to good caring ability of the guardian, maintenance of child-guardian contact, the child's being White, voluntary separation, good child-guardian relationship, and favourable economic condition of the guardian. Again, the reverse of this is also true. This assessment of parenting ability by our workers in the placement of children as a pattern is intriguing because of the inclusion in the factor "guardian's economic condition" and the exclusion from the factor "behavioural condition" which has a near-zero loading on the factor. While we have found earlier that children with bad behavioural condition tended to come primarily from económically adequate families (see Chapter VII and the description above of Factor I), our present finding reveals that our workers tend to associate "favourable economic condition" with the positive attributes of the guardian without considering at the same time the child's behavioural condition. Does it then mean that our judgment of the guardian's caring ability tends to be overshadowed by the guardian's economic well-being regardless of the child's presenting problems; do we tend to think that as long as the guardian is economically sound, he can provide adequate care to his child regardless of the presence or absence of problems in the child OR do we tend to think that financially poor guardians are incapable guardians regardless of what the child's problems are? Factor II clearly suggests that we tend to think along such a line, although we also know that "good behavioural condition" is related to "unfavourable economic condition of the guardian" (see the interpretation of Factor I above).

The third factor, named child's background characteristics, is presented in table 8.3. This factor alone accounts for 16.3% of the common variance in the entire pattern, and is so labelled because of the predominant involvement of background variables of a child in it. The heavy involvement of "ethnicity" in Factor II (parenting ability pattern) but not in this third factor is intriguing. This could be due to the skewed distribution of the 204 cases on this variable, and / or due to its high degree of correlation with variable 17 "guardian-agency relationship" (see Appendices "K" and "L".) This five-variable factor shows that pre-adolescent is related to no police record, being a boy, having below-average intelligence, and having three or more siblings under 16 years old. However, the reverse is also true. The rather heavy loading of "age" and the relatively heavy loading of "police record" on this factor suggest that these two variables correlate closely. The clustering of these

TABLE 8.3

FACTOR III ---- ORTHOGONAL ROTATION

1.	Age	0.79
13.	Police record	0.51
2.	Sex	0.39
4.	Intelligence	- 0.34
5.	Number of siblings	- 0.33

variables tells us that our workers consider the data of a child on these variables as a group in placing him.

Table 8.4 describes the fourth and last factor extracted. Factor IV is rather simple and accounts for 11.4% of the common variance in the total pattern. The inclusion of "physical/health condition" in this factor is probably due to the high degree this variable is correlated with both "child-peer relationship" and "child-worker relationship", but not with the other variables (see Appendix "L" for the correlation matrix). Because of the seemingly random nature "physical/health condition" correlates with the remaining variables, we may further conclude that this variable does not tend to have too much weight in the decision-making process of our workers, as what we have found earlier. Anyway, this fourth factor, called child's sociability pattern, says that good child-peer relationship is related to good child-worker relationship, and poor physical/health condition. Of course, the reverse is also true.

TABLE 8.4

FACTOR IV ---- ORTHOGONAL ROTATION

Variable		Loading
12.	Child-peer relationship	0.67
11.	Child-worker relationship	0.52
6.	Physical/health condition	- 0.41

All the above factors or patterns identified are unrelated to each other (orthogonal). This is so because the factor rotation model used assumes that the whole factor structure is moved around the origin as a rigid frame, with the factors at right angles to each other, to fit the configuration of clusters of interrelated variables. To see if the factors so rotated actually describe the reality (i.e., that the clusters or patterns or factors are in fact unrelated to each other), an oblique rotation to simple structure, using the promax technique, was carried out. Unlike orthogonal rotation, oblique rotation to simple structure means that the factors are rotated individually to fit each distinct cluster without "placing" the factors at right angles to each other. In this case, the relationship between the resulting factors then reflects the relationship between the clusters. In other words, in our case, we want to see if the four above factors so rotated orthogonally are in fact representative of the patterns of thought of our workers in the placement of children, i.e., if these four placement criteria are in fact considered at different points in time. With this in mind, it is necessary, firstly, that the orthogonal factor matrix and the oblique factor matrix be compared to see if the variables have comparable loadings on the corresponding factors in the two matrices, and secondly, that oblique factors be intercorrelated to enable us identify the extent of unrelatedness (or relatedness) between the factors.

C. Results (Oblique Rotation) ----

Appendix "N" describes the oblique factor matrix employing the promax technique. All the factor loadings equal to or greater than an absolute value of 0.30 are shown in parentheses, and these form the subject matter for our following discussion. Table 8.5 lists those variables in descending order of their factor loadings on Factor I.

There are ten variables which have loadings equal to or greater than ± 0.30 on Factor I. Because of the predominant involvement of variables related to child's personal functioning in this factor, like the first orthogonal factor, we call this child's social adjustment pattern.

TABLE 8.5

FACTOR I ---- OBLIQUE ROTATION

	Variable	Loading
7.	Behavioural condition	0.97
19.	Child's overall problem rating	0.87
13.	Police record	0.81
12.	Child-peer relationship	0.81
11.	Child-worker relationship	0.76
9.	School-learning difficulties	0.59
10.	Child-guardian relationship	0.55
16.	Guardian's economic condition	- 0.44
8.	Emotional condition	0.40
1.	Age	0.34

This first oblique factor is very similar to the first orthogonal factor in terms of having the same set of variables (except "age" which has a "meaningful" loading only on the oblique factor) in the same order and direction of involvement in both factors. The clustering of these variables means that our workers tend to consider these variables as a group in placing a child. To interpret the meaning attached to this factor, we can say that, in a negative way this time, *bad* behavioural condition is related to *unfavourable* overall problem rating, *having* police record, *bad* child-peer relationship, *bad* child-worker relationship, *having* school-learning difficulties, *bad* child-guardian relationship, *favourable* economic condition of the guardian, *bad* emotional condition, and being an *adolescent*. Of course, the opposite of the above interpretation is also true.

Oblique Factor II is presented in table 8.6. This factor is labelled, as the second orthogonal factor, *parenting ability pattern* because of the overwhelming involvement in this factor pattern of variables related to the child-caring pattern of the guardian. The set of variables involved in the second orthogonal factor is also involved in this oblique factor. Besides, the order (except the positions of the

TABLE 8.6

FACTOR II ---- OBLIQUE ROTATION

Variable		Loading
17.	Guardian-agency relationship	- 0.88
18.	Guardian's caring ability	- 0.51
15.	Child-guardian contact	- 0.47
3.	Ethnicity	- 0.42
14.	Nature of separation	- 0.40
16.	Guardian's economic condition	- 0.40
10.	Child-guardian relationship	- 0.39

two least involved variables "guardian's economic condition" and "child-guardian relationship") and direction of involvement of these variables in both factors are the same. These variables are thus those which our workers consider in assessing the parenting ability of the guardian. To interpret the meaning of this factor, in a negative way again, we can say that bad guardian-agency relationship is related to bad caring ability of the guardian, lack of child-guardian contact, the child's being non-White, involuntary separation, unfavourable economic condition of the guardian, and bad child-guardian relationship. An opposite interpretation of the above is also correct. Again, the inclusion of "guardian's economic condition" in this factor is intriguing, and the interpretation of this phenomenon advanced in the corresponding orthogonal factor can be employed here.

Table 8.7 describes oblique Factor III, which is labelled

TABLE 8.7

FACTOR III ---- OBLIQUE ROTATION

1.	Age	0.81
13.	Police record	0.49
2.	Sex	0.39
4.	Intelligence	- 0.33

child's background characteristics because of the predominant involvement in this factor of variables which describe a child's background. The "non-involvement" of "ethnicity" in this factor is interesting and could be due to the peculiar data-characteristic of this variable, as explained before. Interpreted in a negative way, we can say that this factor reveals that being an adolescent is related to having police record, being a girl, and possessing average or above intelligence. However, the reverse is also true. It looks like that these four background variables are considered as a group by our workers in placing a child. Note that this set of variables is almost identical (except the "non-involvement" of "number of siblings" in this oblique factor), in terms of order and direction of involvement in the factor, to the set involved in the third orthogonal factor.

The fourth and last oblique factor is described in table 8.8. This factor is labelled child's sociability pattern because two of the three variables loaded "meaningfully" on it are related to a child's social relationship. This set of variables is identical to that involved in orthogonal Factor IV in terms of both order and direction of involvement. The negative meaning this factor possesses is this: bad child-peer relationship is related to bad child-worker relationship, and good physical/health condition. Again, if we want to interpret the above in

TABLE 8.8

FACTOR IV ---- OBLIQUE ROTATION

	Variable	Loading
12.	Child-peer relationship	- 0.57
11.	Child-worker relationship	- 0.43
6.	Physical/health condition	0.43

the opposite way, we can because signs attached to the factor loadings are reversable. The inclusion of "physical/health condition" in this factor should not be expected, and this could be due to the peculiar data-characteristic of this variable, as we have explained in Section B above.

When we compare the two factor matrices (see Appendices "M" and "N"), we realize that the only major difference is the low involvement of the variable "number of siblings" in any of the four oblique factors. This is due to the difference between the two models in "identifying the best fit"; the difference in loadings is also due to this. Because of the similarity between the two factor matrices, one would anticipate that the oblique factors approximate the orthogonal factors, i.e., there would be minimal intercorrelation among the four oblique factors because these factors seem to be at right angle to each other. Table 8.9 reproduces the factor correlation matrix in Appendix "N", for quick reference purposes. From the correlation coefficients (cosines) computed, we can see that none of the four factors is actually correlated highly with the others,

TABLE 8.9

FACTOR CORRELATION MATRIX

	I	II	III
II	-0.02		
III	-0.06	0.04	
IV	0.11	-0.08	0.25

as almost all of the coefficients have negligible values (± 1.00 means perfect correlation, and 0.00 means no correlation). For example, the correlation coefficient for Factors I and II (i.e., child's social adjustment pattern and parenting ability pattern) is -0.02, which means these two factor patterns are practically uncorrelated with (orthogonal to) each other. The only more noticeable correlation coefficient is 0.25, calculated for Factors III and IV (i.e., child's background characteristics and child's sociability pattern). However, on the whole, we can conclude that these four oblique factors are very close to being orthogonal (i.e., they are uncorrelated with each other). This suggests that these four patterns of thought (criteria) are believed to be followed independently at different points in time by our workers in placing a child five years old or over. These factors (criteria) therefore form a framework for the placement of children, and this finding helps us partly close the gap of knowledge about how placement decisions are made, for we now at least know that child's social adjustment pattern, parenting ability pattern, child's background characteristics, and child's sociability pattern are distinct factors (criteria) to be considered in the placement of a child. Rather than relying on hunches, the seemingly fluid situation has been partily quantified to enable us scrutinize. However, if we want to know if this framework is consistently followed by our workers in placement children, say, in different or contrasting settings, parallel factor analyses would be needed.

D. Summary ----

We have used R factor analysis to identify a placement framework employed by our workers. The data used in this part of the analysis were twenty-one variables related to the child and his family and which the Department Supervisor of Homefinding and Placement thought were most important to consider in the placement of children. Data were extracted from files and records, and coding was tested to be highly consistent. Owing to the presence of missing values in some variables and subjects, we only used the data on nineteen variables collected for 204 subjects.

Four factors were then extracted from the nineteen-variable correlation matrix. These four factors were then rotated orthogonally. These four rotated factors accounted for 49.1% of total variance, and were respectively named child's social adjustment pattern, parenting ability pattern, child's background characteristics, and child's sociability pattern. Almost all the relationships among the variables, which had heavy loadings on the respective factor pattern, have been verified before and our factor analysis results further supported our earlier findings. These four factors were later tested to be practically uncorrelated with each other after an oblique rotation was carried out. Our findings therefore suggested that these four factors (criteria) identified were believed to be followed by our workers at different points in time in their placement of a child, and that we may say these four factors formed a placement framework our workers employed.

CHAPTER IX

CONCLUSIONS AND IMPLICATIONS

In the preceding chapters, we have confronted the audience with a massive array of data which were woven together in a variety of ways to form our study findings. We have also summarized briefly at the end of each chapter (beginning with Chapter III) the most salient findings that had come out from that part of the analysis. In this concluding chapter, we do not intend to summarize the findings again because it would be redundant; instead, a global assessment of this research study will be attempted, and practice implications emerged from our findings will be discussed. The organization of this Chapter will be as follows: first, a general evaluation of the feasibility of the research design employed in meeting the research objectives, and second, a discussion of practice implications, based on our findings.

A. The Study ----

The general design used in this study was exploratory-descriptive. Being a strong believer in the value of formulating hypotheses in any systematic conduct of inquiry (29,57), two hypotheses and their related assumptions were advanced, based not on any theory but on the experience of some of the workers. The hypotheses might be crude, neveretheless, they did represent the functioning of one aspect of the Placement Department. One of our goals in this study was not to prove or disprove these hypotheses*, but to refine them in such a way that they could be turned into working assumptions for use by our workers. In other words, we wanted to depict the placement picture the best we could, given some basic information in the form of hypotheses on the placement situation. However, certain other aspects of the placement situation were less known, like placement framework and reasons for long stay in the reception-assessment resource; in these situations, no hypotheses at all could possibly be formulated, and we could only rely on certain statistical/mathematical models to reveal the phenomena given that the data we had were sufficient and reliable. Of course, research findings from other studies have helped quite a bit in terms of making the researcher aware of the strengths and weaknesses of existing research methods used in the investigation of a given phenomenon. It was based on a thorough review of the literature, in addition to contacting the Agency's personnel, attending meetings and reading files and records, that the five research objectives in Chapter I were singled out and that the study method described in Chapter II was chosen for use in this study. Thus, using this exploratory-descriptive design, some unknowns were explored and some knowns were further reviewed. Now, let us discuss the various aspects of the methodology.

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* Indeed, if we see research only within, and not beyond, the realm of hypothesis-testing, our view is too narrow. In my opinion, research should operate within the context of discovery and the context of justification, and hypotheses are important tools to help us explore the domain (phenomenon) in a systematic way. As such, hypothesis-testing should represent one of the means, and never the goal, in the conduct of inquiry. For a similar point of view, see Jun Nunnally's "The place of statistics in psychology" (Educational and Psychological Measurement, 20, 1960, pp. 641-650.)

It was noted on page 27 that it was impossible to secure information on a child's problem-characteristics at two points in time ---- at admission into and at discharge from the reception-assessment resource. As an alternative, all the problems of persisting and salient nature related to the child and his family were noted regardless of the temporal sequence of occurrence (see footnote on page 27 for rationale). As it turned out, this method appeared quite satisfactory because it could take care of the problem of temporal sequence of occurrence of a child's problem-symptoms; in other words, instead of saying that a child's certain problem occurred before, at or after his admission into the reception-assessment resource, we could say that he had this certain problem. Undoubtedly, this would tend to raise the level of problem-severity, but by reclassifying the problem on the basis of severity we had suppressed this effect successfully. Because of this practice, the adjectival clause "which are known on admission" in Hypothesis I has to be left out and Hypothesis I became "Children in the R.C. have more serious problems (physical/health, behavioural, and emotional) than children in the A.G.H." In general, both hypotheses were supported by our data, and detailed analyses revealed that these two hypotheses were not refined enough (or were too broad) in describing the actual functioning of the Placement Department: for the analyses and findings, please see Chapter IV. Our data tended to say that where a child was to be placed for assessment upon admission depended on, to a great extent, two things: age of the child and maybe availability of space (i.e., situational factors), and the presence or absence of police record and child's behavioural problems (i.e., child's behavioural factor). His physical/health condition was surprisingly found to have no bearing at all in the selection of a reception-assessment resource for him. Other variables found important only when the child was behaviourally good and had no police record were: emotional condition, sibling admission, and child-peer relationship. It therefore appeared that Hypothesis I can be refined to better describe the placement situation. But it did serve well in guiding us throughout the conduct of this study.

The guiding power of Hypothesis II was also considerable, despite its rather crude form. Our analyses told us that there were actually two distinct phenomena involved in disposition and that we had to make it clear which phenomenon we were talking about when we said certain variables were associated with disposition. If we were interested in predicting whether or not a child would be returned home upon discharge from the reception-assessment resource, then the caring ability of the guardian appeared to be the single most influential variable, followed by the variable "child-guardian relationship". If we were interested in predicting the type of placement resource a child would get upon discharge from the reception-assessment resource, then variables related to the child's personal functioning (i.e., behavioural condition, emotional condition, and child-peer relationship) appeared to be quite influential (see Chapter VI). Likewise, if our Hypothesis is refined in a way that can reflect our findings, it will enable us to depict the disposition phenomenon better.

In the chapter on "Stay in the Reception-Assessment Resource", the turn-over rate and the movement rate were computed based on the formulae in Chapter II. These two rates were supplements to each other, and were found to be quite useful for our purposes. Together with data on the proportion of children who had stayed in the reception-assessment resource for more than seven days and who were eventually assessed, these two rates revealed the failure of some of the resources in meeting their operational goal. If the concept "assessment" could be defined in a way better than "psychological assessment", the turn-over rate would become more complete in meaning and have a wider scope. However, in our study, "psychological assessment" was the only logical indicator of "assessment" (see pages 56 and 57 for explanation), and this remained a quite satisfactory indicator to use because it could best represent the meaning of the concept "assessment".

Had studying changes over time not been one of the major objectives in this project, a different population would have been studied, a different sample drawn, and a different data-collection method selected. All these might have been much more easy and time-saving. However, owing to this expectation of studying changes over time, to unavailability of a decent sample size, and to the lack of information on cases prior to October 1969, the two samples were drawn, cross-checked and compiled in a tedious way. The conventional data-collection method, i.e., extraction of data from files, was forced to be chosen. These methods had proven to be most time-consuming especially when only microfische-files were available. Considerable time was also invested in locating "missing files". To check the degree of reliability of the raw data, about one-tenth of the total sample were recoded, and the coefficients of reliability calculated were fortunately very high: this therefore tended to compensate the drawbacks in our data-extraction method.

In order to enhance the quality of the data, especially qualitative data, some guidelines and instructions were prepared and a detailed code-book written. All the concepts were operationalized the best we could, problem-classifications attempted, and problem-condition indices constructed. A classification of outside placement resources was also prepared with the help of an experienced worker in the Institutional Department. As far as the problem-classification attempt was concerned, there was no difficulty using the classifications, and later data analyses tended to show that they were quite logical and reliable.*

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* For example, Appendix "L" describes the relationships between indices of physical/health. behavioural, and emotional condition and other variables. Conceptually, these relationships were in the expected direction.

Of course, a cluster or factor analysis of the items that made up the classification would be essential if we wanted to determine the property of these items, their inherent ability to form scales, and their individual weights in such scales formed. However, with regard to the classification of outside placement resources, although there was no problem using it, later data analyses showed that it did not appear to be sensitive enough, especially the sub-classification of institutions for the emotionally disturbed.

The grouping or regrouping of certain variables had proven very useful in data analysis. Essentially, this way of handling the raw data helps to organize the data in a manageable form so as to minimize the amount of confusion in data analysis without at the same time much loss of information, especially if the data are at the ordinal or interval level. On the whole, the variables used in this study were properly selected with the exception of one second-order variable "total length of stay in C.A.S. resource" which was inappropriately conceptualized. The review of literature and the initial exploratory work undoubtedly had helped a great deal in enabling the researcher to identify more correctly the knowns and unknowns in the placement situation, and this in turn helped him decide on the study method.

In data-analysis, different analytic and data-presentation methods were used, depending on the aim of that part of the analysis and on the nature of the data. Throughout our data-analysis stage, the two hypotheses were used to direct, not to limit, our thinking. Whenever the nature of the analysis called for a modification of our data, they were recoded, regrouped, transformed, etc. Following the principle of elaboration, our hypotheses were "examined" from many angles, and the results or findings were valuable in the sense that we now have realized that the placement of children was rather complicated yet orderly (see previous chapters). The problem of long stay was also explored from different angles and using different analytic methods, and the results made us realize that duration of care could be brought under administrative control. Factor analysis had depicted our placement framework, and analysis of changes over-time in the characteristics of our children had revealed that we should be planning for the worse. The disposition pattern of our children from the reception-assessment resource suggested that we tended to feel more comfortable in handling children with emotional rather than behavioural problems. We believe that the various methods we used in this part of the study had been correct and productive, and had enabled us understand a good part of the placement phenomenon.

B. Practice Implications ----

Based on the results of our analysis, we would like to suggest the following:

1. The functioning of the reception-assessment resource (or any type of facility used by the Agency) should be assessed on the basis of its ability to meet the objectives set forth for its operation. This goal-oriented approach is an easier one to assume than, say, the systems-model of analysis. This means that the operational goals of a facility have to be set up and made clear and explicit before its commencement of operation. Periodic evaluation of the facility is essential to ensure that it is functioning in the manner

intended.* In the evaluation of the reception-assessment resource, the assessment aspect of the programme should deserve appropriate weights.

2. The evidence that some of the A.G.H.'s could not maintain a high rate on the three measures used (i.e., turn-over rate, movement rate, and proportion of children eventually assessed) suggested that they failed short of the objectives set forth for their operation. Some of these resources had apparently been used more for short-term holding or long-term placement than for assessment purposes. The operation of our reception-assessment resource should therefore be re-defined because we believe that the problem of misuse of this resource could be brought under administrative and predictive control. This revision of the performance of our reception-assessment resources would likely involve mobilization of resources and re-allocation of caseload of the workers concerned. This could prove an expensive undertaking, but then we have to ask ourselves whether or not reception-assessment resources are necessary, and, if yes, what we would like to see happen in these resources.

3. Our identification of deterrents to movement of children in the reception-assessment resource further pointed out that administrative variables were much more influential than child's variables in predicting or explaining the length of time a child would likely be

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* Subsumed under this term are "desirable change" as a result of the programme, the "means" by which this change is to be brought about, and the "signs" by which such change is to be recognized. See Edward Suchman's Evaluative Research (New York: Russell Sage Foundation, 1967.)

in care. Because we also tended to find out that long-term assessment (if it was our intention to keep children in the reception-assessment resource for a long time) did actually lead to less confident results, it perhaps is time now for us to stress short-term and intensive assessment, which would likely result in benefitting more children over a shorter period of time (See Chapter 6).

4. Our data suggested that most children were assessed and placed within five months presently. This length of time was much longer than expected (i.e., between six weeks and three months, as identified by some of the workers: see page 28). It might be that our workers did succeed in assessing and planning for a child within their stated length of time, but awaiting a space in the desirable resource could be the main problem though almost all our children eventually got the placement resource considered the best for them. It therefore would be essential that we determine the extent to which waiting for a space in the placement resource was a problem.* If waiting was indeed a deterrent to movement of child, the following questions still had to be answered: why was this not a big problem for some of the reception-assessment resources; should the reception-assessment resource be used to keep children awaiting placement; and what would be the solution to this problem?

5. Our analysis showed that children with behavioural problems were likely sent to outside institutions for placement although our own institutions tended to be able to absorb a high proportion of emotionally disturbed children. With regard to programme modification,

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* Information on this variable could not be obtained from the file.

two approaches could be undertaken simultaneously. One would be to strengthen our own treatment programmes in our institutions for children with emotional problems and to expand our group home programme, which appeared able to absorb children with some behavioural problems and who were likely to be teenagers.* The other approach would be to work toward preventing community admissions because our data revealed that a good majority of the children with problems did not benefit very much from the programmes of our Agency when they were in care. To most of these children, our Agency was just a stepping stone in their total placement process, i.e., perhaps due to limited resources to help, we had to refer them to outside placement resources. If we realized that we could not have big success in helping these children at one end of the system, we might as well try to do something at the other end by preventing admissions. Community resources should be mobilized to give these families the biggest assistance. By shifting the functions and resources of the Agency, we could offer our services and programmes to more people. The rationale for this is the belief that the phrase "protecting children" should have a wider meaning and take into consideration at the same time the ability as well as limitations of the child welfare agency.

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* To say that a certain resource has a higher proportion than others of children possessing certain negative characteristics does not necessarily mean that the resource is capable of handling these children. The real ability of our institutions to cope with emotionally disturbed children and of our group homes to handle children with behavioural problems has not yet been empirically measured. It might well be that placing "problem" children there is just a reaction to the objective of having institutions and group homes rather than an indication of success of these resources.

6. Closely related to Implication 5 above was our finding that we were getting more and more children with "problems". We have indicated in Chapter VII that statistically insignificance does not automatically mean that we can safely conclude that the changes or differences are unimportant. In fact, the concept of statistical significance conveys more explicit meaning if the gravity of the phenomenon under investigation is judged at the same time. We have found that most of our statistical tables revealed changes towards the worse over the last four years although these changes were statistically insignificant at the 5% level. It should be noted here that we were more interested in identifying a trend, if there was any, in this part of the analysis, than in telling how statistically different the changes were from a hypothesis-testing point of view. We have found that the Agency was getting more and more children with some sorts of behavioural and emotional problems (see Table 7.14), especially after 1968, although these changes were not significant statistically.* This finding was revealing and pointed to the need of planning for the worse. And relating to Implication 5 above, it means that it would be wise to strengthen our facilities for "difficult" children should the admission of these children be unavoidable, and to speed up our preventive work in the community.

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* As noted earlier in Chapter VII, we should not wait for statistically significant changes to emerge before we start to plan because the operation of the Agency would have been thrown out of balance. In other words, the coping mechanisms of the Agency tend to work most effectively if we can anticipate changes ahead of time.

7. Our analyses also revealed that the placement of children in this Agency was carried out in a rather consistent manner in the sense that the situation outlined in our two hypotheses, to a great extent, represented the practice situation. However, we have found two things subsequent to our analyses. Firstly, a rather limited set of information was utilized in our placement of children into the R.C./A.G.H., and secondly, there were actually two separate sets of information involved in the disposition of a child, depending on whether or not he was to be returned home to his guardian.* These findings implied that, if we think that we would like to follow our present mode of practice, plans should be made to make available such information at appropriate time and as soon as possible to the people concerned in the placement work. This would tend to help speed up the decision-making process in placement. If, however, we think that such information should be supplemented by others in order to better do the job, we should start to identify them, so that they would be made available to the people concerned in explicit and quantifiable form.

8. Related to Implication 7 was the placement framework we have identified. Principally, this framework of placement criteria represents an "ideal type". This means that the informational factors identified were recognized to be those made use of by our workers in placing children in any situation. These informational factors therefore further pointed to the actual functioning of the Department of Homefinding and Placement, and further helped us identify which

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* See discussions of these points relevant to the hypotheses in Section A of this Chapter, and in Chapters IV and VI.

variables would likely be valuable to have in order to make placement of children a smoother and more effective process. Our findings suggested that variables related to a child's social adjustment pattern, his guardian's parenting ability, his background characteristics, and his social relationship pattern were important or valuable to have.

9. Since the placement framework suggested useful variables to have, every effort should be made to treat them as mandatory information in case-recording and referral of a case. If possible, the data-bank would have a wider scope if information on these variables could be incorporated. We know that basic information is not usually sufficient for decision-making, as we have alluded to in Chapter 4; this means that quantification of information on a child's personal and family characteristics would be desirable because we then could gain a more realistic and accurate view of the situation. This would further facilitate periodic evaluation of the situation, and lead to sounder decision-making. All this implies that both the family worker and child-care worker should maintain close contact with each other and supply accurate and important information to the people concerned in the placement of a child.

10. With regard to future research needs, it is apparent that there are several possibilities for empirical research in child welfare,* based

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* Actually, every aspect of the operation in the field of child welfare is potentially researchable, as Ann Shyne and her associates have noted recently child welfare "is a complex field of service and the unknowns outstrip the knowns" ("Filling a gap in child welfare research: service for children in their own homes", Child Welfare, L1, 9, November 1972, pp. 562-573.)

on our findings. One of the research tasks would be an examination of the functioning of our preventive programmes. The indication of effectiveness of such programmes should not be merely in figures but in the ability of our services in promoting better family functioning. Another researchable area would come from our existing placement programmes. We have indicated earlier that a sizable number of our children with emotional problems were absorbed by our institutions, and that our group homes appeared to be able to cope with some of our children with behavioural problems; maybe it is time now for us to look at the extent these and other resources (i.e. [illegible]els, specialized foster homes, etc.) could actually provide effective services to our children. A third research task would be to assess the quality of our services rendered to different types or groups of clients. We have found, for example, that financially better-off families were different from financially poor families on several variables. How then are our services different in serving different types of clients; what kinds of clients are we most successful with? Once we have this kind of knowledge, our mode of service-delivery could become more effective. Still another researchable task would be to study the functioning of our former wards placed in and discharged from different types of placement resources. From this kind of follow-up study, we could obtain feedbacks as to what kinds of resources have been more suitable for certain kinds of children and what contributes to success in the programmes. These researchable areas are suggested by our data.

11. The utilization of research findings by social workers is usually a big problem, as eloquently summarized by Fanshel (8,11-16). In order to overcome this problem, a mechanism should be built into the operation of an agency to facilitate the use of research findings by practitioners. Of course, not all research findings and recommendations are feasible for ready adoptation, and, for this reason, this built-in mechanism should be sufficiently knowledgeable about research methods and should have adequate knowledge to judge the validity and reliability of research findings. In our Agency we recommend two things. One would be the formation of a Research Advisory Committee made up of people from both inside and outside the Agency; the purpose of this would be to ensure objective and valid research efforts as well as to screen research findings for practical implementation. The other thing would be co-ordination of research efforts with other related research departments; this would tend to alert us more readily to methodological problems in research, and to better co-ordinate the various research efforts devoted to a similar end.

C. Final Note-----

Understanding that no concluding chapter can adequately summarize all the methods employed and findings obtained ---- in fact, it has never been the intention of the author to do so in this single chapter ---- it is sincerely urged that the audience read the entire report to discover for themselves how the results were obtained and the implications for practice proposed. They will also realize there are many collateral findings, which may prove valuable to their work, scattered here and there throughout the report. It is hoped that these various major and related findings will provide a base for discussion with a view to further enhancing the effectiveness and efficiency of our child protection system.

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DATA EXTRACTION FOR CHILD'S PHYSICAL/HEALTH BEHAVIOURAL, AND EMOTIONAL PROBLEMS WITH RATING SCALES

APPENDIX A

1. WHY RATING SCALES AND INDICES:

The purpose of having rating scales and indices for a child's physical/health, behavioural, and emotional problems is two-fold: first, to get at the dimension of the problem; second, to arrive uniformly at a score for every child for data-analysis purposes. I shall elaborate on this and on the *method of rating and reliability* in the following paragraphs.

Almost every child in our assessment resource has certain known or suspected physical/health, behavioural, and/or emotional problems. (Otherwise, he would not be there.) Since any problems or characteristics of a child can affect, among other things, a) the length of time needed to assess him, b) the assessment process, e.g., involvement of outside resource persons, and c) the placement decision, it is obvious that a child's physical/health, behavioural, and emotional problems -- whose presence or absence is recognized as having some important bearings on planning for the child -- have to be recorded. But the method of extracting data in these three problem-areas has to be simple yet effective.

Too simple a method of data extraction (e.g., noting simply absence or presence of a certain type of problem without looking at the degree of severity of the type of problem) would result in data loss, and would not reveal the dimension of the problem or the true picture. This would not, in turn, bear any significant meaning in data-analysis. On the contrary, too elaborate a way of extracting data (e.g., noting the specific problem and its degree of severity instead of the problem-type and its degree of severity) from case-records would cause later handling of data difficult. Besides, I do not think that we could get at the specifics from case records. To overcome these difficulties, I propose that we classify problems subsumed under a problem-area into types and note the degree of severity of the various problem-types with rating scales. (The method of rating is to be discussed later.) By doing this, it is hoped that we could get at the dimensions of the three problem-areas for every child and render meanings to the data.

The second purpose of having rating scales is to achieve data uniformity through calculating a score in each of the three problem-areas for every child. Instead of whimsically arriving at a score, it is calculated with a formula from the data extracted from the case-record. The data-extraction method itself is also a uniform one; by this, I mean de-emphasis of the use of judgments of the rater and the collection of facts

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is stressed. (See the following section on method of rating.) Only in this way can the quality of data be enhanced.

When we have a score for every subject calculated in a problem-area, those subjects who have similar scores can be grouped together. (The question of which subject goes to which group is to be answered later when we know the frequency distribution of the scores.) In this way, groups of subjects can be compared with each other. Although it will not mean that subjects with similar scores grouped together exhibit identical problems, it will show that the overall dimension of their problems, in terms of number of problems and severity of problems, is similar. (Again, see the section on method of rating.) This is an important point to bear in mind when we interpret the meaning of a group.

In summing up, the idea of indexing (assigning a score to each subject on a certain characteristic) is to enable large amount of data to be handled in a manageable manner, to make the issue look less confusing, but at the same time not to lose the meaning of the data. Besides, this neater way of handling data makes it possible for meaningful data-analysis to take place.

II. METHOD OF RATING AND RELIABILITY:

Data are to be extracted from the case-record. One of the drawbacks of this data-extraction method is that the rater has to live with whatever he can get out from the recording, which is sometimes incomplete. Fortunately, it is noted that any significant problems the child has are always recorded although minor or temporary problems are usually not noted in the file. Besides, the medical, psychologist's and psychiatrist's reports in the file can supplement the recording, and can serve as extra sources for data-collection purposes. Therefore, hopefully, we shall not be overly pessimistic in extracting important data from the case-record.

In extracting data on a child's physical/health, behavioural, and emotional problems from the case-record, two instruments are used. The first instrument is a problem classification scheme (one for each of the three problem-areas just mentioned), and the second one is a rating scale to be used in conjunction with the problem classification scheme. I shall elaborate on each of these two instruments in the following paragraphs.

In developing the problem classification scheme, one major problem was encountered. Although experts in the field of classification have come up with different schemes, a general consensus is lacking as to which one is the best in

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terms of completeness. It seems to me that these various classification attempts do not aim at universal application but are developed to meet with specific research demands. What it means then is that it is difficult, if not impossible, to adopt a ready-made scheme and plug the data in for the purposes of this placement study; however, ideas can be borrowed from the various classification schemes.

After comparing the different classification schemes related to the three major problem-areas of concern in this placement study, it is decided that the C.A.S.M.T. classification or physical/health problems* (developed by Mr. William Hedderwick) can be adopted with minor modifications. The classification of disturbances in social behaviour (a sub-classification scheme of psychopathological disorders in childhood) developed by the G.A.P. (Group for the Advancement of Psychiatry**) can be adopted with some modifications. With regard to classification of emotional problems, the G.A.P. scheme again can be employed with some modifications. In the course of construction of our classification schemes, in addition to consulting the C.A.S.M.T. and the G.A.P. classification attempts, ideas are also borrowed, particularly from the Brown, et. el., and the Gerard classification schemes*** The end-products are the three classification schemes attached, one for each problem-area.

The rating scale is a five-point scale (attached) ranging from "Problem Absent" to "Very Serious". A series of values (weights) — 0 to 4 — are assigned proportionally to the different degrees of severity of the problem. These values are used for the purpose of arriving at a score for every subject in each problem-area, after the subject has been rated for each of the problem-types subsumed under that problem-area.

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* C.A.S.M.T., "Input Specifications of Child" page 2. (October, 1968).

** Group for the Advancement of Psychiatry. Psychopathological Disorders in Childhood: Theoretical Considerations and a Proposed Classification. Vol VI, Report #62, June 1966.

*** The classification attempt by Brown, Pollock, Potter and Cohen, and the one by Gerard can be found on pp. 303-4, and on pp. 308-9 in the G.A.P. publication cited earlier.

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In rating, emphasis is placed on the collection of facts. By this I shall mean two steps in data collection. First, see if a problem is noted in the file or not— if not, mark "Problem Absent" for that particular problem-type. Second for a problem recorded in the file, note its degree of severity. In case this information is not directly or indirectly available, note the frequency of occurrence, the persistency and nature (e.g., Is the health problem inherited?) of the problem, and also the amount of disturbance the child has caused to his surroundings or caring persons: only in this case then the rater will use his judgments in rating. As a guide for making judgments, the following criteria should be met:

> "Slightly Serious" will mean that the problem-type exists and that the degree of severity of the problem-type is either not mentioned* or said to be less than serious.
>
> "Serious" will mean that the problem-type is recurrent in nature, and that it is causing concerns as well as complaints from various people. If it is a behavioural problem, it may be checked by showing reproof or scolding. Medication may be used by the child for his problems.
>
> "Quite Serious" will mean that the problem-type is recurrent or more than recurrent (e.g., child's arm amputated) in nature, and that extra caring efforts in terms of extra time and attention are required. The child may be constantly on medication. If it is a behavioural problem, mild physical restriction may be a way to check it. Some professional (medical, psychiatric, etc.) advice is needed.
>
> "Very Serious" will mean that the problem-type is recurrent or more than recurrent in nature, and that caring for the child is a real burden on the guardian. Professional advice is constantly relied upon, and the child may need therapy or treatment in addition to being constantly on medication. The child may have to attend special school for his problems. If it is a behavioural problem, physical restriction is the way to check it.

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* We have to accept the assumption that problems mentioned in the file are at least slightly serious in nature, or else they would not be mentioned.

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In data-extraction, the rater should avoid making judgments and inferences unless he is on solid ground. In addition to this convention, three other rules have to be followed closely:--

1) If more than one problem subsumed under the same problem-type is mentioned, rate the one which is or apparently is the most serious. The rationale for this is that we want to achieve data uniformity.

2) In extracting data on the child from the Child Care file, we should consult the latest recording on the child prior to his discharge from the reception-assessment resource. The rationale for this is that we assume the last piece of information to be most accurate. Of course, all documents in the file have to be read.

3) Whenever certain information cannot be obtained from the Child Care file, the Family file has to be read, and the same conventions apply in data-extraction.

When a child has been rated, a score is computed for him in each of the three problem-areas. The following formula is used for this purpose:

$$^{w}\text{highest} \sum_{i=o}^{n=4} w_i \, x_i \text{ (observed)}$$

where Σ (sigma) means the sum of; w_i stands for the scale value (degree of severity of the problem); ^{w}highest represents the highest scale value ever achieved in any of the problem-types; x_i (observed) equals the number of cases that have the same scale value, and the possible range of x_i (observed) is o to a figure that represents the total number of problem-types subsumed under the same problem-area. In other words (Σ $w \cdot x$) gives the total score, and ^{w}highest Σ $w \cdot x$ gives the true score: the purpose of multiplying the total score with the highest rating achieved is to maximize the clarity of the dimension of the problem, and to avoid any cancelling-out effect among the weights (values).

- cont'd -

One last thing about reliability: since one person only will be doing the rating, it is imperative that reliability of the rating has to be evaluated. The most logical method seems to be the rate-rerate reliability check. This means that the coder will rerate a random sample of the cases after all the cases have been coded (i.e., when there is a minimal amount of learning effect), and note any inconsistency in coding expressed in coefficients. This rate-rerate method should reveal the quality of the raw data.

August 20, 1971

APPENDIX B

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RATING SCALE FOR
PHYSICAL/HEALTH PROBLEMS

Degree of Severity

	Classification of Problem *	Problem Absent 0	Slightly Serious 1	Serious 2	Quite Serious 3	Very Serious 4
.	Visual					
I.	Ear, Nose, Mouth, Throat					
II.	Musculoskeletal					
I.	Cerebral Neurological					
.	Epidermal					
I.	Genitourinary					
II.	Respiratory					
VIII.	Cardio-Vascular					
I.	Gastro-Intestinal					
.	Endocrinal and [illegible]					
I.	Allergies					

Total = ________

True Score = Total ÷ Highest Score

= ________

* see Physical/Health Classification [illegible] for Examples.

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PHYSICAL/HEALTH PROBLEM CLASSIFICATION

TYPE	EXAMPLE
Visual	Blindness, visual distortion. (Nearsightedness, longsightedness excluded).
Ear, Nose, Mouth, Throat	Ear - hearing loss, recurrent or chronic ear infection. Nose - recurrent or chronic sinusitis, other nasal diseases. Mouth - hair lip, speech problem. Throat- cleft palate, laryngitis.
Musculoskeletal	Arthritis, bodily deformation, abnormal body - development.
Cerebral neurological	Cerebral palsy, epilepsy.
Epidermal	Ichthyosis (dry scaly skin), rubella syndrome.
Genitourinary	Nephritis (kidney inflammation), diabetes.
Respiratory	Asthma, bronchiectasis (dilatation of the bronchi), cystic fibrosis.
Cardio-vascular	Heart murmur, ventricular septal defect.
Gastro-intestinal	Haemorrhoids, peptic ulcer, **celiac disease.**
Endocrinal and hemic	Cretinism, leukemia.
Allergies	Hay-fever.

RATING SCALE FOR BEHAVIOURAL PROBLEM

Classification of Problems *	Degree of Severity Problem Absent 0	 Slightly Serious 1	 Serious 2	 Quite Serious 3	 Very Serious 4
Acting-out/ Aggressive Behaviour					
Uncontrollable Behaviour					
. Anti-social Behaviour					
Oppositional Behaviour					
Isolating Behaviour					
Problems in Dominance – Submission					
I. Problems in Dependence – Independence					
II. Habit Disorders					

Total = ________.

True Score = Total X Highest Score

= ________.

*See Behavioural Classification Scheme for examples.

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APPENDIX E

BEHAVIOURAL PROBLEM CLASSIFICATION

	TYPE	EXAMPLE
	Acting-out/ Aggressive Behaviour	Antagonistic behaviour, cruelty, destructive behaviour, fighting, homicidal behaviour, physical attacks (hitting, kicking, scratching, biting), sadistic behaviour, verbal aggression (threats, etc.).
.	Uncontrollable Behaviour	Accident proneness, masochistic behaviour, self-destructive behaviour, self-inflicted injury, self mutilation, self-punitive behaviour, suicidal gestures, suicidal attempts, sleepwalking, hyperactivity, **impulsive behaviour.**
II.	Anti-social Behaviour	Cheating, firesetting, forgery, lying, stealing, truancy, vandalism, gang activity**, on drug, improper sexual activity, swearing, vagrancy.**
.	Oppositional Behaviour	Disobedience, marked carelessness, negativism, passive-aggressive behaviour (dawdling, passive resistance, irresponsibility), provocative behaviour, quarrelsomeness, resistance to change, running away, teasing behaviour.
	Isolating Behaviour	Autistic behaviour, egocentric behaviour, excessive fantasy (daydreaming, imaginary playmates), excessive shyness, hoarding behaviour, inhibited behaviour, narcissistic behaviour, overascetic behaviour, paranoid behaviour, rejecting behaviour, stinginess, suspiciousness, wandering behaviour, withdrawal.
.	Problems in Dominance - Submission	Boasting behaviour, controlling behaviour, manipulative behaviour, overly conforming behaviour, overly dominating behaviour, overly submissive behaviour, rebellious behaviour, rivalrous behaviour, **haughty behaviour.**
I.	Problems in Dependence - Independence	Overly Dependent Behaviour - Clinging behaviour, overly demanding behaviour, whining behaviour. Overly Independent Behaviour - Overcompensatory behaviour, overly generous behaviour, overly responsible behaviour, pseudo independent behaviour.
II.	Habit Disorders	Masturbation, excessive sexual curiosity, nail-biting, thumb-sucking, nose boring, soiling, enuresis, tantrums, clothes picking, clumsiness, untidiness.

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APPENDIX I

RATING SCALE FOR EMOTIONAL PROBLEMS

Degree of Severity

Classification of Problems *	Problem Absent 0	Slightly Serious 1	Serious 2	Quite Serious 3	Very Serious 4
Manifest Phobia					
. Manifest Anxiety					
I. Depressive Symptoms					
. Euphoria					
Feelings of Inadequacy					
. Psychiatric Disorders/ Dissociation					

Total =

True Score = Total X Highest Score

= ________.

* See Emotional Classification Scheme for examples.

EMOTIONAL PROBLEM CLASSIFICATION

TYPE	EXAMPLE
Manifest Phobia	Multiple fears, hypochondriacal behaviour (morbid fear of disease).
Manifest Anxiety	Agitated behaviour (high strung), anxiety attacks, apprehensive behaviour, panic states, separation anxiety, stranger anxiety, uncontrollable crying, screaming, tenseness.
Depressive Symptoms	Worry, heavy-mindedness, frustration-proneness, tics, moody behaviour.
Euphoria	Cyclic behaviour, elated behaviour, manic behaviour, silliness, uncontrollable laughing, giggling, etc.
Feeling of Inadequacy	Inferiority, guilt, shame, apathy, defensiveness, oversensitivity, insecurity, jealousy, feeling of rejection, instability.
Psychiatric Disorders/ Dissociation	Bizarre in thought and behaviour, schizophrenia.

APPENDIX H

CODE BOOK

COLUMN	VARIABLE AND CODE		Frequency			
			Absolute		Relative	
			RC	AGH	RC	AGH
1 - 3	Case I.D.					
4	Assessment Resource					
	1	Receiving Centre				
	2	C.B. Admission Group Home				
	3	E.B. Admission Group Home				
	4	N.B. Admission Group Home I				
	5	N.B. Admission Group Home II				
	6	W.B. Admission Group Home				
5	Originating Branch					
	1	Metro Central				
	2	Scarborough				
	3	North York				
	4	Etobicoke				
	9	Unknown				
6 - 7	Reason for Admission into Assessment Resource					
	1	No parent or guardian				
	2	Abandoned or Lost				
	3	Death of Parent				
	4	Physical illness of parent				
	5	Mental illness of parent				
	6	Mental defect of parent				
	7	Desertion				
	8	Imprisonment				
	9	Drunkenness				
	10	Alcoholism				
	11	Drug Addiction				
	12	Separation of parents				
	13	Marital conflict.				

COLUMN	VARIABLE AND CODE		Frequency Absolute RC	Frequency Absolute AGH	Frequency Relative RC	Frequency Relative AGH
	14	Physical abuse between parents				
	15	Inadequate income				
	16	Mismanagement of income				
	17	Unsatisfactory home conditions				
	18	Lack of accommodation				
	19	Eviction				
	20	Physical handicap of child				
	21	Mental retardation of child				
	22	Behaviour problems (parent-child conflicts)				
	23	Emotional disturbance				
	24	Child of unmarried mother				
	25	Extra-marital child				
	26	Ill treatment of child				
	27	Rejection of child				
	28	Physical neglect				
	29	Sex offences (including incest)				
	30	Inadequate Supervision				
	31	Inability to control				
	32	Private placement (breakdown of)				
	33	Other				
	34	Placement breakdown				
	99	Unknown				

COLUMN	VARIABLE AND CODE		Frequency Absolute RC	Frequency Absolute AGH	Frequency Relative RC	Frequency Relative AGH
8	Urgency of Admission					
	1	Emergency admission				
	2	Planned admission				
	9	Unknown				
9	Child's Legal Status when Discharged from Assessment Resource					
	0	N/A, child still in assessment resource				
	1	Non-ward				
	2	Temporary (Society) ward				
	3	Crown Ward				
	9	Unknown				
10-11	Age of Child when Last Admitted into Assessment Resource					
	Independent Entry (5 to 15 yrs old)					
12	Sex of Child					
	1	Male				
	2	Female				
13	Ethnic Background of Child					
	1	Caucasian				
	2	Negro				
	3	West Indian				
	4	North Am. Indian/Eskimo				
	5	Asian				
	6	Black Asian (Pakistani, East Indian)				
	7	Mixed (anyway)				
	9	Unknown/Unidentifiable				

COLUMN	VARIABLE AND CODE	Frequency			
		Absolute		Relative	
		RC	AGH	RC	AGH
14	Intelligence of Child 1 Average or above (I.Q. is 91 or above) 2 Slightly below average (I.Q. is between 70 and 90) 3 Mentally defective (I.Q. below 70) 9 Unknown/I.Q. never tested				
15-17	Actual I.Q. Score of Child Independent Entry 999 Unknown/I.Q. Never tested				
18	Sibling Number (Including Half-Brothers/Sisters) 0 No Siblings under 16 years old 1 One 2 Two 3 Three 4 Four 5 Five 6 Six or more 9 Unknown/no record				
19	Physical/Health Condition 1 Good (True score =) 2 Fair (True score =) 3 Poor (True score =) 4 Very Poor (True score =) Note: True score to be computed later				
20 - 21	Physical/Health True Score Independent Entry				

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		FREQUENCY			
		Absolute		Relative	
MN.	VARIABLE AND CODE	RC	ACH	RC	ACH
23	Physical/Health Problem				
	0 No physical/health problem				
	1 Visual problems only				
	2 Ear, nose, mouth, throat problem only				
	3 Musculoskeletal problem only				
	4 Cerebral neurological problem only				
	5 Epidermal problem only				
	6 Genitourinary problem only				
	7 Respiratory problem only				
	8 Cardio vascular problem only				
	9 Gastro-intestinal problem only				
	10 Endocrinal and hemic problem only				
	11 Allergies only				
	12 Any combination of the above				
	Behavioural Condition				
	1 Good (True score =)				
	2 Fair (True score =)				
	3 Poor (True score =)				
	4 Very poor (True score =)				
	Note: True score to be computed later				
	Behavioural True Score				
	Independent Entry				

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-255-

LUMN

Frequency
[illegible] AGH
Relative RC AGH

27 [illegible]

0 No behavioural problem
1 Acting-out/aggressive behaviour only
2 Uncontrollable behaviour only
3 Anti-social behaviour only
4 Oppositional behaviour only
5 Isolating behaviour only
6 Problems in [illegible] – [illegible] only
7 Problems in dependence – independence only
8 Habit disorders only
9 Any combination of the above

28 [illegible] Condition

1 Good (True score =)
2 Fair (True score =)
3 [illegible] (True score =)
4 [illegible] (True score =)

[illegible] True score to be entered later

30 [illegible]
[illegible]

31 [illegible]

0 [illegible] problem
[illegible] only
[illegible] only
[illegible] only
[illegible] only
[illegible] only
[illegible]/dissociation only
Any combination of the above

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	VARIABLE AND CODE	Frequency			
		Absolute		Relative	
		RC	AGH	RC	AGH
	Learning Difficulties in Regular School				
0	Not applicable, not in regular school due to abnormal characteristics of the Child				
1	No special difficulties: child making satisfactory use of his potential, making progress, and is relatively eager				
2	Some difficulties: child performing below his capacity; developing a negative attitude towards school, and school work is unsatisfactory				
3	Not yet in school				
9	Unknown/no record				
	Child's Relationship with his Biological Parents/Guardian				
0	Not applicable, no biological parents or guardian/ whereabouts of parents or guardian unknown				
1	Meaningful relationship: characterized by a sense of trust, love, respect, co-operation, affective attachment, etc.				
2	Indifferent relationship: characterized by lack of a sense of trust, love, respect, co-operation, affective attachment, etc.				
9	Unknown/no record				
	Child's Relationship with his Siblings				
0	Not applicable, no siblings				
1	Meaningful relationship: characterized by a sense of trust, love, respect, co-operation, affective attachment, etc.				
2	Indifferent relationship: characterized by lack of a sense of trust, love, respect, co-operation, affective attachment, etc.				
9	Unknown/no record				

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	VARIABLES AND CODE	Frequency			
		Absolute		Relative	
		RC	AGH	RC	AGH
	Child's Relationship with his Worker in Assessment Resource				
1	Meaningful relationship: characterized by a sense of trust, love, respect, co-operation, affective attachment, etc.				
2	Indifferent relationship: characterized by lack of a sense of trust, love, respect, co-operation, affective attachment, etc.				
9	Unknown/no record				
	Child's Relationship with his Peers				
1	Meaningful relationship: characterized by a sense of trust, love, respect, co-operation, affective attachment, etc.				
2	Indifferent relationship: characterized by lack of a sense of trust, love, respect, co-operation, affective attachment, etc.				
9	Unknown/no record				
	Child's Conflicts with the Law Before (Police Record)				
1	Yes				
2	No				
	Number of Admissions Prior to Last Admission				
0	No previous admission (New admission)				
1	One previous admission				
2	Two previous admissions				
3	Three previous admissions				
4	Four or more previous admissions				
9	Unknown				

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VARIABLES AND CODE	Frequency Absolute RC	Frequency Absolute AGH	Frequency Relative RC	Frequency Relative AGH
Type of Placement Resource Child last had during Last Admission Placement				
0 No previous admission placement				
1 Receiving Centre				
2 Admission Group Home				
3 Regular foster home				
4 Subsidized foster home				
5 Specialized Home				
6 Regular Group Home				
7 Hostel				
8 Own Institution				
9 Any outside placement resource				
Replacement Experience of Child during any Single Placement Before				
0 No previous admission placement				
1 No replacement experience during any single placement before				
2 One or two replacements				
3 Three or more replacements				
9 Unknown				
Nature of Last Separation (Willingness of Guardian to let child go)				
1 Voluntary separation				
2 Involuntary separation				
9 Unknown				

COLUMN	VARIABLE AND CODE	Frequency			
		Absolute		Relative	
		RC	AGH	RC	AGH
42	Parents' or Guardian's Contact (e.g., Visiting, telephoning, letter-writing)				
	0 Not applicable, child has no biological parents or guardian/whereabouts of parents or guardian unknown				
	1 Parents/guardian had contacted child				
	2 Parents/guardian had never contacted child				
43	Marital Status of Child's Biological Parents				
	0 Child has no biological parents				
	1 Never married				
	2 Marriage intact (including common-law union)				
	3 Separated, legally or voluntarily (including desertion)				
	4 Divorced				
	5 Widowed				
	6 Remarried (including common-law union)				
	9 Unknown/no record				
44	Economic Status of Child's Family, (Gleaned from Source of Income, Management of Funds, Debts, Living arrangements, etc.)				
	0 Not applicable, child has no parents				
	1 Comfortable)Steady employment, no or)				
	2 Adequate)minor debts)				
	3 Poor (Sporadic employment or unemployed, on welfare, debts, mismanagement of income or funds)				
	9 Unknown/no record				

			Frequency			
			Absolute		Relative	
COLUMN		VARIABLE AND CODE	RC	AGH	RC	AGH
45		Working Relationship of Child's Parents or Guardian with Agency				
	0	Not applicable child has no biological parents or guardian/whereabouts of parents or guardian unknown				
	1	Positive working relationship: characterized by a sense of trust progress co-operation etc				
	2	Indifferent working relationship: characterized by lack of a sense of trust, progress. co-operation, etc.				
	9	Unknown				
46		Child's Siblings in Care Before/Presently				
	0	Not applicable no siblings				
	1	One or more siblings in care				
	2	No siblings in care				
47		Parents' or Guardian's Ability to Care for Child or to Cope with Child's Problems				
	0	Not applicable child has no biological parents or guardian				
	1	Able to with some help				
	2	Doubtful				
	3	Unable to				
	9	Unknown				
48		Choice of Assessment Resource (Present Admission)				
	0	Not applicable for children in the Receiving Centre				
	1	Admission group home is the best for the child				
	2	Choice of the admission group home is forced due to lack of space in the Receiving Centre				
	3	Choice of assessment resource is forced due to lack of space in the treatment institution				
	9	Choice of Assessment Resource Unknown				

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VARIABLE AND CODE	Frequency			
	Absolute		Relative	
	RC	AGH	RC	AGH
Length of Stay in Assessment Resource (Cut-off Date Could be Aug. 31, 1971) 1 Stayed 2 months (60 days) or less 2 Stayed longer than 2 months (60 days) 9 Unknown				
Actual Length of Stay of Child in Assessment Resource in Days (Cut-off Date Could be Aug. 31, 1971) Independent Entry				
Use of Outside Assessment Resources (In addition to School) 1 Yes) (e.g., Summer camp or boys' club where) there is a social work unit, outside) assessment by psychiatrist, psychologist 2 No) medical specialist, or other professionals)				
Reason for Long Stay (more than 2 months) in Assessment Resource 0 Child stayed for less than two months 1 Child stayed longer than average because child had positive or emotional attachment to the people in the assessment resource, and replacement of the child would damage him. 2 Child stayed longer than average because it was believed that child could benefit from the kinds of opportunities offered to him from both outside and inside the assessment resource. 3 Child stayed longer than average because assessment was not completed yet by the worker or by outside assessment personnel. 4 Child stayed longer than average because child had to wait for a space in one of our *own* placement resources 5 Child stayed longer than average because child had to wait for a space in one of the *outside* placement resources. 9 Reason unknown				

COLUMN	VARIABLE AND CODE		Frequency			
			Absolute		Relative	
			RC	ACH	RCE	ACH
55-56	**Disposition of Child from Assessment Resource**					
	0	Own home/relative's home				
	OUR RESOURCES:-					
	1	Regular Foster Home (including Provisional Home)				
	2	Subsidized Foster Home				
	3	Specialized Foster Home				
	4	Regular Group Home				
	5	Hostel				
	6	Own Institution				
	7	Adoption probation				
	OUTSIDE INSTITUTION FOR EMOTIONALLY DISTURBED CHILDREN·					
	10	Large institution (13 children or more) with built-in structured therapy				
	11	Large institution without built-in structured therapy				
	12	Small institution (12 children or less) with built-in structured therapy				
	13	Small institution without built-in structured therapy				
	14	Treatment centres of the Ont. Dept of Health				
	OUTSIDE INSTITUTION FOR CHILDREN WITH BEHAVIOURAL PROBLEMS:-					
	20	Large institution with built-in structured therapy				
	21	Large institution without built-in stuctured therapy				
	22	Small institution with built-in structured therapy				
	23	Small institution without built-in structured therapy				
	24	Ontario Training School/Observation Home				
	OUTSIDE INSTITUTION FOR MENTALLY RETARDED CHILDREN:-					
	30	Large institution with built-in structured therapy				
	31	Large institution without built-in structured therapy				

(cont'd)

COLUMN	VARIABLE AND CODE		Frequency			
			Absolute		Relative	
			RC	AGH	RC	AGH
	32	Small institution with built-in structured therapy				
	33	Small institution without built-in structured therapy				
	40	Child still in assessment resource				
	41	Other				
57	Choice of Placement Resource					
	0	Not applicable, child went home				
	1	Got placement resource considered first choice				
	2	Did not get placement resource considered first choice				
	3	Child still in assessment resource				
	9	Choice of Placement resource unknown				
58	Replacement of Child since Discharge from Assessment Resource					
	0	Not applicable, child went home				
	1	No replacement				
	2	One or more replacements				
	3	Child still in assessment resource				
59	Reason for Last Reluctant Replacement of Child since Discharge from Assessment Resource					
	0	Not applicable, child went home				
	1	No replacement				
	2	Due to inability of placement resource to cope or meet with child's special problems or needs				
	3	Due to changes within the placement resource (e.g., health of foster mother, foster parents on holiday)				
	4	Due to necessary transfer of child (e.g., availability of placement resource long waited for, better placement resource due to change of child's needs)				
	5	Child still in assessment resource				
	9	Unknown				

		Frequency			
		Absolute		Relative	
COLUMN	VARIABLE AND CODE	RC	ACH	RC	ACH
60	Last Recorded Agency's Plan for Child Still in Care As Of August 31, 1971 0 Not applicable, child went home / discharged 1 Child to be returned home shortly 2 Child to be returned home but date uncertain 3 Child not to be returned home 9 Plan unknown				
61-63	Total Length of Time in Days Child in C.A.S. Resource (Cut-off Date Could be Aug. 31 1971) Independent Entry				
64	Overall Problem Rating on Child 1 Good (True score =) 2 Fair (True score =) 3 Poor (True score =) 4 Very Poor (True score =) Note: Range to be computed later				
65-67	Child's Overall Problem True Score Independent Entry				
68	Child's Legal Status on Admission 1 Now Ward 2 Temporary Ward 3 Crown Ward				
69	Completion of Assessment (Psychological Assessment of Child While Child in Assessment Resource, or Done Immediately Prior to Admission) 1 Yes 2 No				

COLUMN	VARIABLE AND CODE	Frequency Absolute RC	 AGH	 Relativ RC	 AG
70	Year of Admission				

1 1968
2 1969
3 1970
4 1971

COLUMN	VARIABLE AND CODE
71	Child's Overall Problem Severity Scale

	P/H	Behav.	Emot.
1	High	High	High
2	High	High	Low
3	High	Low	High
4	High	Low	Low
5	Low	Low	Low
6	Low	Low	High
7	Low	High	Low
8	Low	High	High

COLUMN	VARIABLE AND CODE
72	Days in Assessment Resource (Cut-off Date Could be August 31, 1971)

1 Short (Days =)
2 Moderate (Days =)
3 Long (Days =)
4 Very Long (Days =)

Note: Range to be computed later

COLUMN	VARIABLE AND CODE
73	Days in C.A.S. Resource

1 Short (Days =)
2 Moderate (Days =)
3 Long (Days =)
4 Very Long (Days =)

Note: Range to be computed later

COLUMN	VARIABLE AND CODE
74	Age-group of Child on Admission

1 5 to 8 years old
2 9 to 11 years old
3 12 to 15 years old

APPENDIX I

FREQUENTLY USED OUTSIDE INSTITUTIONS

BY C.A.S.M.T. CHILDREN

(To be used in conjunction with Columns 55 and 56 in the Code-Book.)

INSTITUTION	TYPE*	SEX	AGE
I. CHILDREN WITH BEHAVIOURAL PROBLEMS:			
1. Boys' Home	A	M	13-16
2. House of Concord (Salvation Army)	A	M	16-20
3. Teen Challenge	A	M	16-21
4. Ontario Training School	F	-	-
II. CHILDREN WITH EMOTIONAL PROBLEMS:			
1. Alexandra House	C	Both	8-13
2. Ausable Springs Ranch	A	Both	8-14
3. Chisholm House	C	Both	9-13
4. Circle R Boys' Ranch	C	M	8-12
5. Clifton House	A	M	14-18
6. Corner House	C	Both	8-12
7. Craigwood Extension	D	M	14 +
8. Fernie House	C	M	13-16
9. Grand River View Home	C	Both	9-18
10. Green Acres	C	Both	CASMT Wards
11. Kennedy House	C	-	-
12. Nairn Group Homes (Private)	C	-	-
13. Notre Dame of St. Agatha	B	Both	6-12
14. Parkhill Girls' Home	A	F	10-14
15. Pony Tail Farm	C	Both	CASMT Wards
16. Salvation Army Children's Home	A	Both	6-16
17. Salvation Army Children's Village	A	Both	5-13
18. Willowgrove	C	M	8-12

- cont. -

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INSTITUTION	TYPE	SEX	AGE
II. CHILDREN WITH EMOTIONAL PROBLEMS (CONT.)			
19. Yorklea Children's Lodges	C	M	12-15
20. Ontario Dept. of Health Institutions (Browndale, Craigwood, Earlscourt Children's Home, Lutherwood, Lynwood Hall, Madame Vanier Children's Services, Maryvale, Mount St. Joseph Centre, Sacred Heart Children's Village, Youthdale, Sunnyside Children's Centre, Oolagen).	E	-	-
III. MENTALLY RETARDED CHILDREN:			
1. Cairnlee Homes	A	Both	3-14
2. Charlestown	A	Both	5-15
3. Darcell Nursing Home	C	Both	Infants
4. Daybreak	A	M	18 +
5. Glengarda	A	Both	6-14
6. Good Shepherd Manor	A	M	14-18
7. Happy Half-way House	A	Both	Infants
8. Harold Lawson's Residence	A	Both	6-14
9. Hopscott Villa	C	Both	CASMT Wards
10. Hillview School	C	Both	3 +
11. Michael Haven	C	Both	3-7
12. Robert Mac Home	A	Both	Infants
13. Rockland Acres	C	Both	3-8
14. Rocklee Boarding Home	C	Both	3 +
15. Wingfield	A	Both	5-18

NB: Type A = Large (13 or more children) without built-in, structured therapy.
Type B = Large with built-in, structured therapy.
Type C = Small (12 or less children) without built-in, structured therapy.
Type D = Small with built-in, structured therapy.
Type E = Ontario Dept. of Health Institution.
Type F = Ontario Training School.

APPENDIX "J"

RELIABILITY OF RAW DATA

It is important in the conduct of research that the quality of the collected data be assessed, whenever possible. The logic behind this is the belief that no matter how complete the coding instruction is and how careful and well-trained the coders are, mistakes in coding are inevitable due to various human and environmental factors. This is especially true when judgmental data are collected. In order to enable the audience to determine the credibility of the findings, in addition to knowing the design, the quality of the raw data has to be indicated.

Many approaches and methods of estimation have been proposed. In this study, the rate - rerate reliability approach was adopted, since only one coder was used to collect the data. This simply means that after all the cases had been coded, i.e., when the learning effect was minimal, 10% of the cases randomly selected were re-coded. (However, owing to unavailability of three of the cases at this stage, only 27 cases or 9% of the total sample were re-coded). Using the results from the two coding stages, coefficients of stability were calculated.

For the nominal and ordinal data, the coefficient of agreement (k) proposed by Cohen (1) was used to determine the extent of consistency or stability in coding. The

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1. Cohen, Jacob, "A coefficient of agreement for nominal scales", *Educational and Psychological Measurement*, XX, 1, 1960, pp. 37-46.

formula is

$$k = \frac{p_o - p_c}{1 - p_c}$$

Where p_o = the proportion of units in which the judges agreed; p_c = the proportion of units for which agreement is expected by chance. The coefficient k is therefore the proportion of agreement among the judges after chance agreement is removed from consideration: it represents the extent of true agreement. Using the short-cut formula

$$k = \frac{f_o - f_c}{N - f_c}$$

the k-values for all the nominal and ordinal variables were computed, and they ranged from 0.62 to 1.00 (2), with a mean k-value of approximately 0.90. As it was expected, the k-values for those variables for which judgmental data were collected (e.g., Guardian's working relationship, guardian's caring ability, etc.) were on the whole smaller than those for variables where factual data were involved (e.g., ethnicity, sex, etc.). This means that it was more difficult to achieve a high degree of consistency in collecting judgmental than factual data. However, when we look at the discrepancies, a consistent pattern is visible. In most cases, neighbouring classes, not polar classes (for those variables with more than two classes), were coded. This is

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2. The k-value of 1.00 means perfect agreement and is the upper limit of k.

most evident in coding the variable "Guardian's caring ability", and the variable "Guardian's economic condition".

Six discrepancies were detected as follows in coding "Guardian's caring ability":

First Coding	Second Coding
3	2
2	3
2	3
1	2
3	2
2	1

Where 1 = Able to, with some help, 2 = Doubtful, and 3 = Unable to. The four discrepancies in coding "Guardian's economic condition" were as follows

First Coding	Second Coding
2	1
3	2
3	2
3	2

Where 1 = Comfortable, 2 = Adequate, and 3 = Poor. As it can be seen, although mistakes in coding were made, the judgment cannot be said to be unwarranted. However, the coefficient of agreement k measures perfect agreement only and not near-perfect agreement. As such, it seems that a reliability measure has yet to be developed to take care of the latter in order to offer a wider meaning to the interpretation of "Agreement". Judging the nature of data in the study and the rather high mean k-value (k = 0.90), one can safely say that the coding was done in a highly consistent way, and that the degree of reliability of the nominal and ordinal data was significantly high (3).

With regard to the estimation of the reliability of metric-level data, the Pearson product-moment correlation coefficient was calculated for the three "principal" variables - namely, physical/health problem score, behavioural problem score, and emotional problem score (4). The results of scoring the 27 cases on these three variables at stage one and stage two were as follows:

	P/H	Beh.	Emot.
No problem noted in both stages	18	3	11
Discrepancy *	5	14	10
No discrepancy	4	10	6
Total:	27	27	27

* Where the absolute difference between the scores is equal to or greater than 1.

In addition to the Pearson r, the mean and standard deviation of the differences in scoring for each of these three variables were also computed (5).

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3. J.P. Guilford notes that "in practice, we expect reliability coefficients to be in the upper brackets of r values, usually .70 to .98", (Fundamental Statistics in Psychology and Education. N.Y.; McGraw-Hill Book Co., 1965 P.104.)

4. Of the nine metric-level variables re-coded, four had no error in coding, and two had one error each. As expected, the variables which had a number of errors in coding were the three problem-area variables, since the scores were arrived at largely judgmentally.

5. In computing these three statistics, the n's in the three formulae were all equal to 27, and not to 27 minus the "no-problem-noted" cases. The rationale for this is based on the observation that in some cases, while "no problem" was noted in one stage (a code of 0), in the other stage, certain kinds of problems were noted (a code of 1 or greater). In other words, every case had a potential of being rated differently over time, regardless of the actual absence or presence of problems; and a case coded "no problem noted" does not necessarily indicate that there was in fact an absence of problems.

	P/H	Beh.	Emot.
$\bar{x}$ diff.	$\frac{32}{27} = 1.19$	$\frac{58}{27} = 2.15$	$\frac{64}{27} = 2.37$
σ diff.	3.24	2.96	4.24
r_{12}	0.4466	0.9878	0.8695

At first glance at the mean-values might suggest that in coding emotional problems, more mistakes were made, and that it was more accurate in the coding of behavioural problems, and even more so in the coding of physical/health problems. However, this is not totally true when we take into consideration two factors: the number of "no-problem-noted" cases, and the degree of dispersion of the differences in scoring. The fact that 18 out of 27 cases did not have physical/health problems noted, and that the range of discrepancies in scoring the 5 cases was 1 to 14 with a mode of 4 suggest we should not be overly happy with the small mean achieved. The small Pearson r-value computed for the coding of physical/health problems partly helped to explain this (6). Therefore, in this case, the mean-value calculated cannot be used as an indicator of consistency in coding, and the Pearson r-value is probably a better indicator.

With regard to the coding of behavioural problems, the Pearson r-value calculated seems to be a reliable one because there was a great deal of variation in the data -- only 3 out 27 cases had no score at all; the range of discrepancies was

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6. Of course, another reason which helped to produce a small r-value is that we had little variation in the data -- 18 out of 27 cases had no score at all.

1 to 12 with a mode of 2. Likewise, the Pearson r-value calculated for the coding of emotional problems can be said to be reliable because of the variation in the data -- 11 out of 27 cases had no score at all; the range of discrepancies was 2 to 18 with a mode of 4. Accepting that the Pearson r-values closely represent the extent of reliability in coding the three problem-areas, we can say that, on the average, coding the three problem-areas was done in a highly consistent way because of the high mean r-value achieved -- Z-transformation of the three Pearson r-values gave an average r-value of 0.90 (7).

In conclusion, we can say that the high "coefficients of stability" calculated (0.90 throughout) for the three levels of data suggest that coding was done in a highly consistent manner, and that we should have at least high confidence in interpreting the findings since the raw data were significantly reliable. However, it has to be borne in mind that the above actually showed intra-coder reliability and not inter-coder reliability. It is anticipated that if two or more coders or judges were used, the coefficients of stability would be smaller than the ones computed. This is because each coder might use his own framework, which might be different from the "general" one, regardless of how detailed the coding instruction might be and how good the coders were trained. In our case then, we may say

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7. Ibid., pp. 348-349; Glass, Gene V. and Julian C. Stanley, Statistical Methods in Education and Psychology. New Jersey: Prentice-Hall, Inc., 1970, pp. 265-268 and 308-310.

that the high "coefficients of stability" achieved was due to the fact that one framework only was used throughout.

The problem of extracting data from files or records is a well-known one in research methodology. When judgmental data are collected, high reliability is usually difficult to attain: our findings seem to confirm this once again. (See page 2 in this Appendix.) However, on the whole, we should be fairly happy with the nature of the raw data because of the highly satisfactory manner these data were extracted from the files, despite the fact that extraction of certain kinds of data was carried out in a more consistent way than that of certain other kinds of data.

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APPENDIX "K"

DICHOTOMIZED VARIABLES WITH RECODED CLASSES USED IN THE CALCULATION OF TETRACHORIC CORRELATION MATRIX

(N = 204)

Variable Name	Missing Value	Recoded Classes	Mean	S.D.
1. Age	No	1 = 5 - 10 yrs old 2 =11 - 15 yrs old	1.55	0.50
2. Sex	No	1 = Boy 2 = Girl	1.37	0.48
3. Ethnicity	No	1 = White 2 = Non-white	1.12	0.33
4. Intelligence	No	1 = Average or above 2 = Below average	1.36	0.48
5. Number of siblings under 16 yrs old	No	1 = No or less than three siblings 2 = Three or more siblings	1.44	0.50
6. Physical/health condition	No	1 = Good 2 = Poor	1.27	0.44
7. Behavioural condition	No	1 = Good 2 = Poor	1.62	0.49
8. Emotional condition	No	1 = Good 2 = Poor	1.64	0.48
9. School-learning difficulties	No	1 = No difficulties 2 = Some difficulties	1.57	0.50
10. Child-guardian relationship	No	1 = Good 2 = Poor	1.67	0.47

(To be continued on following page)

Appendix "K"

Variable Name	Missing Value	Recoded Classes	Mean	S.D.
11. Child-worker relationship	No	1 = Good 2 = Poor	1.53	0.50
12. Child-peer relationship	No	1 = Good 2 = Poor	1.56	0.50
13. Police record	No	1 = No 2 = Yes	1.28	0.45
14. Nature of separation	No	1 = Voluntary 2 = Involuntary	1.24	0.43
15. Child-guardian contact	No	1 = Yes 2 = No	1.18	0.38
16. Guardian's economic condition	No	1 = Good 2 = Poor	1.62	0.49
17. Guardian-agency relationship	No	1 = Good 2 = Poor	1.55	0.50
18. Guardian's caring ability	No	1 = Good 2 = Poor	1.51	0.50
19. Child's overall problem rating	No	1 = Good 2 = Poor	1.61	0.49

[illegible] VARIABLE TETRACHORIC CORRELATION MATRIX (N = 204, Data transformed, No Missing Values)

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
2	29																	
3	26	-15																
4	-23	-16	06															
5	-13	-07	01	35														
6	-17	02	-22	04	-04													
7	29	-23	24	03	-06	-11												
8	-02	-13	27	12	-10	11	27											
9	10	-25	10	15	-03	25	51	23										
10	29	05	24	02	-11	01	52	43	27									
11	13	-37	-01	-01	-07	-19	66	34	53	33								
12	20	-19	-07	-02	-01	-22	72	33	48	34	86							
13	68	-02	19	07	-20	-03	100	11	51	47	41	41						
14	-10	09	16	-06	-04	00	-15	-03	-18	-04	-25	-32	-08					
15	00	03	05	-05	06	07	-11	-06	-08	27	-00	-11	-07	40				
16	-21	-01	16	10	40	-05	-45	-19	-22	-24	-26	-25	-40	22	24			
17	-03	-02	47	18	28	-01	-01	07	02	40	-01	-07	01	39	40	20		
18	03	-17	07	10	19	-09	10	15	18	39	14	12	22	09	21	21	46	
19	12	-31	24	19	-05	05	91	47	47	48	62	66	64	-10	-05	-39	08	21

Note 1: Decimal points omitted.

Note 2: Figures shown reduced from 6-digit figures.

APPENDIX "M"

ORTHOGONALLY ROTATED FACTORS (VARIMAX TECHNIQUE)

VARIABLE	FACTOR I	 II	 III	 IV	h^2
1. Age	24	13	(79)	19	73
2. Sex	-25	01	(39)	-01	22
3. Ethnicity	19	(44)	08	-03	23
4. Intelligence	13	12	(-34)	-09	16
5. Number of siblings	-13	23	(-33)	18	22
6. Physical/health condition	04	-06	-15	(-41)	22
7. Behavioural condition	(96)	-00	16	11	96
8. Emotional condition	(44)	09	-17	-03	23
9. School-learning difficulties	(61)	-04	-12	03	39
10. Child-guardian relationship	(55)	(42)	14	04	50
11. Child-worker relationship	(67)	-12	-11	(52)	74
12. Child-peer relationship	(69)	-19	-09	(67)	95
13. Police record	(80)	11	(51)	-03	91
14. Nature of separation	-19	(43)	02	-17	26
15. Child-guardian contact	-09	(48)	-01	02	24
16. Guardian's economic condition	(-47)	(35)	-26	18	44
17. Guardian-agency relationship	05	(87)	-16	02	79
18. Guardian's caring ability	19	(48)	-14	15	31
19. Child's overall problem rating	(91)	06	-14	01	86
Percentage of total variance	24.6	10.8	8.0	5.6	49.1
Percentage of common variance	50.1	22.0	16.3	11.4	

Note 1: Decimal points omitted.

Note 2. Factor loadings and communalities reduced from 6-digit figures.

Note 3: Loadings greater than an absolute value of 0.30 shown in parentheses.

Note 4: The four factors extracted are labeled as follows -

I = Child's social adjustment pattern
II = Parenting ability pattern
III = Child"s background characteristics
IV = Child's sociability pattern

APPENDIX "N"

OBLIQUE FACTORS (PROMAX TECHNIQUE)

VARIABLE	FACTOR I	FACTOR II	FACTOR III	FACTOR IV
1. Age	(34)	-03	(81)	-24
2. Sex	-21	04	(39)	-06
3. Ethnicity	18	(-42)	15	04
4. Intelligence	08	-16	(-33)	14
5. Number of siblings	-12	-29	-24	-16
6. Physical/health condition	-06	09	-22	(43)
7. Behavioural condition	(97)	02	14	-02
8. Emotional condition	(40)	-10	-17	09
9. School-learning difficulties	(59)	02	-14	06
10. Child-guardian relationship	(55)	(-39)	21	01
11. Child-worker relationship	(76)	05	-06	(-43)
12. Child-peer relationship	(81)	11	-04	(-57)
13. Police record	(81)	-02	(49)	07
14. Nature of separation	-23	(-40)	08	15
15. Child-guardian contact	-09	(-47)	08	-03
16. Guardian's economic condition	(-44)	(-40)	-14	-20
17. Guardian-agency relationship	03	(-88)	00	00
18. Guardian's caring ability	20	(-51)	-03	-11
19. Child's overall problem rating	(87)	-07	-15	11

Note 1: Decimal points omitted.

Note 2: Factor loadings reduced from 6-digit figures.

Note 3: Loadings greater than an absolute value of 0.30 shown in parentheses.

Note 4: The four factors are labelled as follows -
I = Child's social adjustment pattern
II = Parenting ability pattern
III = Child's background characteristics
IV = Child's sociability pattern

Note 5: The following shows the correlations among these four oblique factors -

	I	II	III
II	-0.02		
III	-0.06	0.04	
IV	0.11	-0.08	0.25

APPENDIX "O"

A.I.D. ANALYSIS OF
DURATION OF CARE IN RECEPTION-ASSESSMENT RESOURCE

	Group Number										
	1	2*	3	4	5*	6*	7	8*	9*	10	11
Assessment resource	.020	.091	.122	NS			NS	NS	NS		
Branch	.004	.010	.009	NS			NS	NS	NS		
Admission reason	.010	NS	.033	.009			.005	.012	NS		
School-learning	.010	NS	.003	.003			.029	.010	NS		
Child-guardian relat.	.017	.010	.003	.003			.002	.006	NS		
Child-worker relat.	.004	.007	.016	.003			.004	.001	NS		
Child-peer relat.	.003	.005	.004	.004			.001	.001	NS		
Police record	.000	NS	.007	.000	SNA	SNA	.011	NS	NS		
Previous admission	.004	.001	.003	.003			.004	.012	NS		
Child-guardian contact	.091	.026	.066	.061			.060	NS	NS		
Guardian-agency relat.	.017	NS	.001	.005			.013	.009	.009		
Guardian's caring ability	.030	.004	.000	.000			.004	.071	.045		
Outside assessment	.014	NS	.000	.000			.003	.000	.008		
Completion of Assessment	.242	Const	Const	Const			Const	Const	Const		

(To be continued on following page)

APPENDIX "O"

A.I.D. ANALYSIS OF
DURATION OF CARE IN RECEPTION-ASSESSMENT RESOURCE

	Group Number										
	1	2*	3	4	5*	6*	7	8*	9*	10	11
Admission year	.024	.011	.021	.030			.018	.020	NS		
Child's problem scale	.066	.021	.019	.073			.010	.012	.036		
Age-group	.014	.068	.054	.043			.067	.005	Const		
N	283	78	205	176	29	33	143	80	63	38	42
TSS_i/TSS_t	1.0	.086	.672	.442	.148	.072	.339	.181	.135	.101	.067
$\bar{X}$	94	37	116	106	17[illegible]	72	114	128	97	144	113
σ	72	40	69	61	86	56	59	58	56	62	48

Figures show the proportions of variance in that group explained for each predictor $(BSS/TSS)_i$

* = Final group
↷ = Group splits on this variable
◯ = Next best $(BSS/TSS)_i$
◯ = Split attempted but not made on this variable
SNA = Split not attempted
NS = Number too small to split on this variable
Const = Constant
⇢ = Group splits on this variable but maximum group size reached

REFERENCES (Only Major Works Cited in Text)

1. Richardson, Lloyd S., *A Review of 1971 and a Course of Action for 1972*. Children's Aid Society of Metropolitan Toronto: Report of the Executive Director to the Board of Directors, January 13, 1972.

2. Patillo, Roger, *Planned Program Budgetting Systems*. Paper Presented at the Sixtieth Anniversary Conference of the Ontario Association of Children's Aid Societies in Hamilton, Ontario, May 3, 1972. (Mimeo.)

3. Ru e, Jean, *Placement*. C.A.S.M.T., October 1970. (Mimeo.)

4. Maas, Henry S., and Richard E. Engler, Jr., *Children in Need of Parents*. N.Y.: Columbia University Press, 1959.

5. Maas, Henry S., "Children in long-term foster care", *Child Welfare*, XLVIII, 6, June 1969, pp. 321-333 and 347.

6. Jenkins, Shirley, "Duration of foster care: some relevant antecedent variables", *Child Welfare*, XLVI, 8, October 1967, pp. 450-455.

7. Fanshel, David, "The exit of children from foster care", *Child Welfare*, I, 2, February 1971, pp. 65-81.

8. Norris, Miriam, and Barbara Wallace (eds.), *The Known and Unknown in Child Welfare Research: An Appraisal.* N.Y.: National Association of Social Workers, Inc., 1965.

9. Stone, Helen D. (ed.), *Foster Care in Question: A National Assessment by Twenty-one Experts*. N.Y.: Child Welfare League of America, Inc., 1970.

10. Boehm, Bernice, "An assessment of family adequacy in protective cases", *Child Welfare,* XLI, 1, January 1962, pp. 10-16.

11. Maas, Henry S. (ed.), *Five Fields of Social Service: Reviews of Research*. N.Y.: National Association of Social Workers, Inc., 1966.

12. Briar, Scott, "Clinical judgment in foster care placement", *Child Welfare,* XLII, 4, April 1963, pp. 161-169.

13. Fanshel, David, "Commentary on 'Clinical judgment in foster care placement'", *Child Welfare,* XLII, 4, April 1963, pp. 169-172.

14. Parker, R.A., *Decision in Child Care: A Study of Prediction in Fostering*. London: George Allen and Unwin Ltd., 1966.

15. Kurtz, Richard M., Alexander A. Weech, Jr., and Israel M. Dizenhuz, "Decision-making as to type of treatment in a child psychiatry clinic", *American Journal of Orthopsychiatry,* 40, 5, October 1970, pp. 795-805.

16. Phillips, Michael H., Ann W. Shyne, Edmund A. Sherman, and Barbara L. Haring, *Factors Associated With Placement Decisions in Child Welfare*. N.Y.: Child Welfare League of America, Inc., 1971.

17. Fanshel, David, and Henry S. Maas, "Factorial dimensions of the characteristics of children in placement and their families", *Child Development*, 33, 1, March 1962, pp. 123-144.

18. Etzioni, Amitai (ed.), *The Semi-professions and Their Organization.* New York: The Free Press, 1969.

19. Maas, Henry S. (ed.), *Research in the Social Services: A Five-year Review*. N.Y.: National Association of Social Workers, Inc., 1971.

20. Group for the Advancement of Psychiatry, *Psychopathological Disorders in Childhood: Theoretical Considerations and a Proposed Classification.* Vol. VI, Report #62, June 1966.

21. Sonquist, John A., and James N. Morgan, *The Detection of Interaction Effects: A Report on a Computer Program for the Selection of Optimal Combinations of Explanatory Variables.* Michigan: The University of Michigan Institute for Social Research (Monograph #35), 1969 (5th edition).

22. Rosenberg, Morris, *Society and the Adolescent Self-Image*. Princeton: Princeton University Press, 1965.

23. Methods and Analysis Section, *Institute for Behavioural Research Automatic Interaction Detector*. Downsview: York University Institute for Behavioural Research (User writeup 76), May 1972.

24. Gensemer, Bruce L., Jane A. Loan, and William B. Neenan, "Awareness of marginal income tax rates among high-income taxpayers", *National Tax Journal*, XVIII, September 1965, pp. 258-267.

25. Herrmann, Robert O., "Interaction effects and the analysis of household food expenditures", *Journal of Farm Economics*, XLIX, November 1967, pp. 821-832.

26. Sonquist, John A., "Finding variables that work", *Public Opinion Quarterly*, 33, Spring 1969, pp. 83-95:

27. Maas, Henry S., "Children's environment and child welfare", *Child Welfare*, L, 3, March 1971, pp. 132-142.

28. Rummel, Rudolf J., *Applied Factor Analysis*. Illinois: Northwestern University Press, 1970.

29. Goode, William J. and Paul K. Hatt, *Methods in Social Research*. New York: McGraw Hill Co., 1952.